

<b>Case Number:</b>	CM14-0084929		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female injured on 01/01/04 when lifting a heavy table felt a pop in the low back and subsequent pain. The injured worker underwent bilateral carpal tunnel release, multiple trigger finger releases, and posterior lumbar spine fusion at L4-5 following the initial injury. Previous treatment included ice/heat, physical therapy, medications, injections, and surgical intervention. Clinical note dated 01/24/14 indicated the injured worker presented complaining of low back pain radiating to the left buttock and right leg. The injured worker rated pain 8/10 without medication and 6/10 with medication. The injured worker described the pain as constant and moderate in severity and throbbing, aching, sharp, and nagging in character. Physical examination revealed decreased range of motion in all planes, positive tenderness to palpation in the lumbar paraspinals, lumbar surgical scar noted, positive tenderness to sacroiliac joint bilaterally, and ambulation with assistance of cane. Treatment plan included trial of Tizanidine, consistent use of current medications including tramadol, gabapentin, Cymbalta, and Neurontin. Request for diagnostic hardware blocks and diagnostic bilateral L5 medial branch block submitted. Initial request for Flector #60, Tizanidine HCl 8mg, and tramadol (no quantity or directions given) was non-certified on 05/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flector #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Flector patch.

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, Flector patches are not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. There is no indication that this monitoring has occurred. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. In addition, there is no data that substantiate Flector efficacy beyond two weeks. As such, the request for Flector #60 is not medically necessary and appropriate.

**Tizanidine HCL 8mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Tizanidine HCL 8mg cannot be established at this time.

**Tramadol (no quantity or directions given):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of

ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Tramadol (no quantity or directions given) cannot be recommended as medically necessary at this time.