

<b>Case Number:</b>	CM15-0113423		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	05/13/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old female who sustained a work related injury May 13, 2010. Past history included s/p anterior cervical discectomy and fusion. According to a primary treating physician's follow-up consultation and report, dated May 5, 2015, the injured worker presented with low back pain, rated 8/10. There is cervical pain, rated 5/10, with left greater than right upper extremity symptoms and a headache. She reports right ankle pain, rated 5/10. Objective findings, lumbar range of motion; flexion 40 degrees, extension 30 degrees, left and right lateral tilt 35 degrees, and left and right rotation 30 degrees. There is positive straight leg raise, left, with pain to foot at 35 degrees and right with pain to foot at 45 degrees, diminished sensation, left greater than right; L4, L5, and S1 dermatomal distributions. There is tenderness of the right ankle greatest at the joint line and pain with range of motion of the foot at the ankle. An MRI of the lumbar spine, dated April 1, 2015, report is present in the medical record. Diagnoses are protrusion 2 mm L2-S1 with neural encroachment; lumbar radiculopathy; annular tear L4-5; remote cervical fusion; rule out cervical disc injury. Treatment plan included continued chiropractic treatment, obtain a new back brace, and at issue, a request for authorization for Flexeril patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 1.3% patches Qty 30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Flexeril patches, it is noted that Flexeril is a muscle relaxant. CA MTUS cites that muscle relaxants are not supported for topical use. Therefore, the requested Flexeril patches are not medically necessary.