MAXIMUS Federal Services

Case Number:	CM15-0097970		
Date Assigned:	05/29/2015	Date of Injury:	10/21/2011
Decision Date:	06/29/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50 year old female, who sustained an industrial/work injury on 10/21/11. She reported initial complaints of neck pain. The injured worker was diagnosed as having cervical strain, ligament and muscle strain and spasm, left supraspinatus tendinitis and subacromial bursitis, and shoulder pain and strain. Treatment to date has included medication, therapy, chiropractor care, acupuncture, heat/cold and rest modalities. Currently, the injured worker complains of continued sharp dull aching neck pain with stabbing and burning sensation into the cervical spine with radiation into the left shoulder with baseline 8-9/10 pain. Per the primary physician's progress report (PR-2) on 4/1/15, examination revealed tenderness to palpation over the cervical paraspinals, trapezius and rhomboids, reduced range of motion limited by pain, positive Spurling's test. Current plan of care included oral and topical medication for pain and spasms. The requested treatments include Flector patch, and Flexeril 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch, 1 box: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Flector patch is a topical non steroid anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that the patient failed oral NSAID. There is no controlled studies supporting the use of topical NSAID for the long term treatment of osteoarthritis or chronic neck and back pain. Based on the patient's records, the prescription of Flector patch is not medically necessary.

Flexeril 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for Flexeril 10 mg #30 is not medically necessary.