

<b>Case Number:</b>	CM13-0002501		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	07/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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:

55 years old male with history of neck injury on 03/07/2000. Status post cervical fusion in 2003. His Visual Analogue Scale (VAS) score is 3/10, blood pressure is 120/68, pulse is 74, height is 5'10, and weight is 181 pounds. He is alert and oriented times three. His speech is clear. He has significant pain with extension and rotation of his neck to the right side as well as some decreased ability to extend and rotate to that side. He has tenderness over his right cervical facet joints with some mild occipital tenderness. Upper extremity motor strength is 5/5. Sensation is intact. Reflexes are 1+ and symmetrical at the biceps and triceps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for one prescription of Voltaren Gel 500 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 to 112 of 127.

**Decision rationale:** CA-MTUS (effective July 18, 2009) section on Topical Analgesics, page 111 to 112 of 127 states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no

evidence to support use. FDA-approved agents: Voltaren<sup>®</sup> Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). Therefore the prescription of Voltaren Gel 500 gm between 7/1/2013 and 9/6/2013 was not medically necessary.

**Request for prescription of flexeril 10mg # 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), ANTISPASMODICS which includes Flexeril also known as Cyclobenzaprine, is used to decrease muscle spasm in conditions such as Low Back Pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004). They are recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. (Browning, 2001) (Kinkade, 2007) (Toth, 2004). See Cyclobenzaprine. Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms (particularly sleep). A meta-analysis concluded that the number needed to treat for patients with fibromyalgia was 4.8. (ICSI, 2007) (Tofferi, 2004). The recommended dosage is 5-10mg thrice daily, for not longer than 2-3 weeks, with the greatest benefit in the first 4 days of therapy. Review of medical records indicates that the patient had mild myofascial tenderness with no report of muscle spasms. The patient reported that when his activity levels were increased he takes Flexeril 10mg as needed at bedtime. Therefore the request for flexeril 10#60 is not medically necessary.