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| <b>Case Number:</b>   | CM14-0003779 |                              |            |
| <b>Date Assigned:</b> | 02/03/2014   | <b>Date of Injury:</b>       | 01/18/2012 |
| <b>Decision Date:</b> | 12/30/2014   | <b>UR Denial Date:</b>       | 12/13/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/10/2014 |

### 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 Physical Medicine & Rehabilitation, 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 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:

This 44 year-old patient sustained an injury on 1/18/12 while employed by [REDACTED]. Request(s) under consideration include Flexeril 5mg #90 with 2 refills and Voltaren XR 100mg #30 with 2 refills. Diagnoses include Lumbago/ lumbar radiculopathy/ Sciatica. Conservative care has included medications, physical therapy, acupuncture, TENS unit, lumbar transforaminal epidural steroid injection; medial branch blocks, and modified activities/rest. Medications list Flexeril, Axid, Gabapentin, Topical agents, Voltaren XR, Lidoderm patches, Topamax, Docusate, Omeprazole, Norco, and Zofran. Report of 12/9/13 from the provider noted the patient with chronic ongoing low back and left lower extremity pain s/p MBB with 75% pain relief with pain complaints rated at 5/10. Exam showed no new weakness or instability; positive left SLR with positive facet-loading; axial pain with return of sciatic pain returning. Treatment plan included repeating TFESI and medication refills. The patient remained not working. The request(s) for Flexeril 5mg #90 with 2 refills and Voltaren XR 100mg #30 with 2 refills were non-certified on 12/13/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** This 44 year-old patient sustained an injury on 1/18/12 while employed by [REDACTED]. Request(s) under consideration include Flexeril 5mg #90 with 2 refills and Voltaren XR 100mg #30 with 2 refills. Diagnoses include Lumbago/ lumbar radiculopathy/ Sciatica. Conservative care has included medications, physical therapy, acupuncture, TENS unit, lumbar transforaminal epidural steroid injection; medial branch blocks, and modified activities/rest. Medications list Flexeril, Axid, Gabapentin, Topical agents, Voltaren XR, Lidoderm patches, Topamax, Docusate, Omeprazole, Norco, and Zofran. Report of 12/9/13 from the provider noted the patient with chronic ongoing low back and left lower extremity pain s/p MBB with 75% pain relief with pain complaints rated at 5/10. Exam showed no new weakness or instability; positive left SLR with positive facet-loading; axial pain with return of sciatic pain returning. Treatment plan included repeating TFESI and medication refills. The patient remained not working. The request(s) for Flexeril 5mg #90 with 2 refills and Voltaren XR 100mg #30 with 2 refills were non-certified on 12/13/13. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 5mg #90 with 2 refills is not medically necessary and appropriate.

**Voltaren XR 100mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** This 44 year-old patient sustained an injury on 1/18/12 while employed by [REDACTED]. Request(s) under consideration include Flexeril 5mg #90 with 2 refills and Voltaren XR 100mg #30 with 2 refills. Diagnoses include Lumbago/ lumbar radiculopathy/ Sciatica. Conservative care has included medications, physical therapy, acupuncture, TENS unit, lumbar transforaminal epidural steroid injection; medial branch blocks, and modified activities/rest. Medications list Flexeril, Axid, Gabapentin, Topical agents, Voltaren XR, Lidoderm patches, Topamax, Docusate, Omeprazole, Norco, and Zofran. Report of 12/9/13 from the provider noted the patient with chronic ongoing low back and left lower extremity pain s/p MBB with 75% pain relief with pain complaints rated at 5/10. Exam showed no new weakness or instability; positive left SLR with positive facet-loading; axial pain with return of sciatic pain returning. Treatment plan included repeating TFESI and medication refills.

The patient remained not working. The request(s) for Flexeril 5mg #90 with 2 refills and Voltaren XR 100mg #30 with 2 refills were non-certified on 12/13/13. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen especially in light of GI complaints as noted by the provider. The Voltaren XR 100mg #30 with 2 refills is not medically necessary and appropriate.