

<b>Case Number:</b>	CM14-0003834		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	07/07/1993
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/30/2013
<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 Occupational 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 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 patient submitted a claim for cervicalgia associated with an industrial injury date of July 7, 1993. Treatment to date has included anticonvulsants, antidepressants, and surgery. Medical records from 2013 were reviewed. Patient complained of chronic neck pain with occasional numbness and radiation to the right arm and torso. Physical examination showed 1+ reflexes in the biceps and moderately diminished ROM of the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC SODIUM DR 75 MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, Page(s): 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 46-47.

**Decision rationale:** Pages 46-47 of the California MTUS Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration. There is no evidence of long-term effectiveness for pain or function. Therefore, they should be used only acutely. In this

case, there was no prior use of diclofenac or any NSAIDs documented. Medical records submitted and reviewed do not provide subjective and objective findings, such as acute pain exacerbation, that would necessitate the use of this medication. Prior conservative care and rationale for prescription of this medication were not indicated. Therefore, the request for Diclofenac Sodium DR 75mg, #30 is not medically necessary and appropriate.

**CYCLOBENZAPRINE 10MG, #30:** Upheld

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

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

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is 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. In this case, there was no prior use of Cyclobenzaprine. Medical records submitted and reviewed do not provide subjective and objective findings that would necessitate the use of this medication. Prior conservative care and rationale for prescription of this medication were not indicated. Therefore, the request for Cyclobenzaprine 10MG, #30 is not medically necessary and appropriate.