

<b>Case Number:</b>	CM14-0100968		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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 injured worker is a 61 year old male who had a reported date of injury of 04/19/13. Mechanism of injury was sitting with children at the table at lunchtime and a child that was sitting next to him was done with lunch and tried to leave the table and kicked the injured worker's chair, as a result, she fell on her buttocks in the classroom. The injured worker reported the incident to her supervisor and was sent to the doctor that time. The injured worker had six sessions of acupuncture with no pain relief. Stretching exercises, ice treatment, heat treatment, and medication, chiropractic treatment 16 sessions this year with no pain relief. Eight sessions of physical therapy. Previous bilateral L4-5 laminotomy in 2004 most recent clinical documentation submitted for review was dated 06/05/14 physical examination thoracic spine, range of motion restricted with flexion limited to 40 degrees, lateral rotation to the left limited to 20 degrees and to the right limited to 15 degrees. On examination of paravertebral muscles, tenderness, tight muscle band, and trigger points noted on right side. No spinal process tenderness. No rib tenderness. Scapular motion symmetrical but limited and protracted and rhomboids painful to touch. Lumbar spine examination revealed midline incision. Neck movements painful with extension beyond 15 degrees. Paravertebral muscles normal. Babinski sign negative. Heel and toe walk normal. Straight leg raise negative. Faber test positive. Waddell sign negative. Pelvic compression negative. Pain over left PSIS and piriformis stretch test on the left was positive. Strength 5/5 in all major muscle groups. Sensation intact to light touch and pinprick. Reflexes equal and symmetrical bilaterally in the upper extremities and lower extremities. Normal gait without ataxia. X-rays of lumbar spine 11/25/13 mild degenerative changes, no hypermobile segments. Prior utilization review on 06/12/14 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Voltaren ER 100mg once daily, 2 bottles, #60, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

**Decision rationale:** Voltaren is not recommend as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other non-steroidal anti-inflammatory drugs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Voltaren cannot be recommended as medically necessary.

**Flexeril 10mg, PO QHS, #30, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** Muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants.