

<b>Case Number:</b>	CM14-0011192		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 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 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:

Progress report dated December 17, 2013, by [REDACTED] documented diagnoses neck pain and neck strain, and prescriptions for Robaxin and Voltaren gel. Date of injury was April 22, 2012. Progress reports on July 11, August 12, September 30, October 31, and November 19, 2013 all report that the patient continues to use Robaxin and Motrin. Progress report dated December 17, 2013 documented that the patient continues to use Robaxin and Motrin, and prescription for Voltaren gel. Utilization review decision date was January 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One tube of Voltaren gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses topical analgesics. FDA-approved agents: Voltaren 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. For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. All NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Use of NSAIDs may compromise renal function. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. A progress report dated December 17, 2013 documented diagnoses neck pain and neck strain. The Chronic Pain Medical Treatment Guidelines states that Voltaren has not been evaluated for treatment of the spine. The Chronic Pain Medical Treatment Guidelines recommends that NSAIDs be used for the shortest duration of time. Progress reports documented that NSAIDs were used from July 11 through December 17, 2013, which is over five months. The Chronic Pain Medical Treatment Guidelines recommends periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Progress reports from July 11 through December 17, 2013 do not document laboratory tests. The Chronic Pain Medical Treatment Guidelines and medical records do not support the use of Voltaren Gel. Therefore, the request for one tube of Voltaren gel is not medically necessary or appropriate.

**Robaxin 500 mg tablets, 270 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. According to a recent review in American Family Physician, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. FDA Prescribing Information document the indications and Usage for Robaxin. Robaxin is indicated for the relief of discomfort associated with acute musculoskeletal conditions. The Chronic Pain Medical Treatment Guidelines state that muscle relaxants, such as Robaxin, should not be the primary drug class of choice for musculoskeletal conditions. FDA guidelines state that Robaxin is indicated for acute conditions. Progress reports documented that Robaxin was used from July 11 through December 17, 2013, which is over five months. MTUS and FDA guidelines do not support the use of Robaxin. Therefore, the request for Robaxin 500 mg tablets, 270 count, is Not medically necessary or appropriate.

