

<b>Case Number:</b>	CM14-0118845		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 46-year-old male with a date of injury of 11/29/11. The mechanism of injury occurred when he jumped a fence, about 6-7 feet high, and landed on his right foot, and felt popping in his right hip. On 6/16/14, he complained of constant low back pain, which radiates down the right lower extremity to the foot. The pain is accompanied by numbness that is also sharp and moderate to severe in intensity. He complains of low back muscle spasms. The pain is 5/10 with medications and 8/10 without medications. On exam there was no spasms noted in the lumbar spine area. There was tenderness noted upon palpation in the bilateral paravertebral area and bilateral buttock. The diagnostic impression is lumbar facet arthropathy, lumbar radiculopathy, and chronic pain. Treatment to date: physical therapy, medication management. A UR decision dated 7/15/14 denied a request for cyclobenzaprine and diclofenac. The cyclobenzaprine (Flexeril) is a muscle relaxant and guidelines support the use of Flexeril for only short-term use, up to 2-3 weeks. He has been taking Flexeril on a chronic basis, which is not consistent with guidelines. Guidelines support the use of Flexeril for short-term treatment of acute exacerbations in patients with chronic low back pain. The records do not establish that this patient is having an acute exacerbation of his chronic low back pain. In addition, on 6/16/14, evaluation of the patient did not find evidence of spasm. Therefore, the request for Flexeril was denied. The diclofenac was denied because it is not recommended as a first-line drug due to increased risk profile. Diclofenac, an NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. In addition, treatment with diclofenac may increase liver dysfunction. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cyclobenzaprine 5 mg #30, Refills x1, Prescribed 6/16/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, there was no documentation of an acute exacerbation of the patient's chronic pain. In fact, on 6/16/14, there was no muscle spasms noted on exam. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. It is noted that the patient takes Flexeril one tablet per day. This request includes a refill, which would make this a 60 day supply, which exceeds guideline recommendations for short-term therapy. Therefore, the request for cyclobenzaprine (Flexeril) 5mg #30 refills x 1 prescribed on 6/16/14, was not medically necessary.

### **Diclofenac Sod 75mg #60, Prescribed 6/16/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren XR). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. Recommend non-certification. However, diclofenac is not recommended as a first-line drug due to its increased risk profile. Diclofenac poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was removed from the market. Diclofenac when used orally or topically, may increase liver dysfunction, and has resulted in liver failure and death. In addition, it is unclear if the patient has tried and failed other safer NSAIDs. Therefore, the request for diclofenac sod 75mg #60, prescribed on 6/16/14, was not medically necessary.

