

<b>Case Number:</b>	CM14-0161581		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 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 is a 41 year old male who suffered an industrial related injury after being hit by a door and falling to the ground. The injured worker had complaints of occasional low back pain. The injured worker was prescribed anti-inflammatory medications and muscle relaxants. A physician's report dated 2/19/14 noted the injured worker had completed 6 sessions of chiropractic therapy for residual back symptoms. Diagnoses included lumbosacral sprain/strain, L4-5 and L5-S1 lumbar facet syndrome, and morbid obesity. An MRI done on 1/30/14 revealed mild facet arthropathy at L5-S1 causing mild bilateral neural foraminal stenosis. A physician's report dated 4/29/14 noted the injured worker attended 6 sessions of physical therapy. On 8/29/14 the utilization review (UR) physician denied the request for Voltaren XR #30 and modified the request for Fexmid #60. Regarding Voltaren XR the UR physician noted there was no documentation of failed trials of other drugs similar to Voltaren indicating Voltaren is more beneficial to the injured worker. Regarding Fexmid the UR physician noted muscle relaxants are a second line option for short term treatment of acute lumbar back pain. The modification to the requested Fexmid was recommended for initiation of downward titration and complete discontinuation as longer than 2-3 weeks use is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine HCl 7.5 MG) 1 tab po twice a day #60, for spasm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

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

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant beyond first few weeks. 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 Fexmid (Cyclobenzaprine HCl 7.5 MG) 1 tab po twice a day #60, for spasm is not medically necessary and appropriate.

**Voltaren XR (Diclofenac ER 100 MG.) 1 tab po once a day #30 for inflammation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

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

**Decision rationale:** 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 this injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Voltaren XR (Diclofenac ER 100 MG) 1 tab po once a day #30 for inflammation is not medically necessary and appropriate.