

<b>Case Number:</b>	CM14-0172157		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 & Rehabilitation, has a subspecialty in pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 02/03/10 when she slipped and fell on a wet floor while working at a restaurant and landed on her low back, left shoulder, left wrist, and left hand. She was seen on 06/17/14. She was having left shoulder and wrist pain, low back pain, left leg and knee pain, and pain over the coccyx. Pain was rated at 5/10. Physical examination findings included a guarded left upper extremity posture and guarded gait. There was decreased shoulder range of motion with decreased left upper extremity strength. She had lumbar spine and paraspinal muscle tenderness. Tramadol was prescribed. She was seen by the requesting provider on 09/03/14. She was having neck spasms at times. Physical examination findings included left shoulder and upper arm tenderness. Voltaren gel was continued. Flexeril 10 mg #30 for spasms was started. She was to follow-up with another provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1 Percent 100 Gram #3:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for left shoulder and wrist pain, low back pain, left leg and knee pain, and pain over the coccyx. She has muscle spasms affecting her neck. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Diclofenac include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant is noted to be working and has used topical Diclofenac with benefit. She has localized peripheral pain affecting her shoulder and wrist amenable to topical treatment. Therefore, the requested medication was medically necessary.

**Flexeril 10 MG #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants Page(s): 41; 63.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for left shoulder and wrist pain, low back pain, left leg and knee pain, and pain over the coccyx. She has muscle spasms affecting her neck. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy in patients with muscle spasms. In this case, when prescribed, the treating provider documents the presence of muscle spasms and a 30 day supply was prescribed. Therefore, Flexeril was medically necessary.

**Schedule with The Treating Physician:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for left shoulder and wrist pain, low back pain, left leg and knee pain, and pain over the coccyx. She has muscle spasms affecting her neck. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Therefore the requested follow-up visit with the treating provider is medically necessary.