

<b>Case Number:</b>	CM14-0032567		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Sports Medicine and is licensed to practice in Texas and New York. 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 43-year-old male who reported an injury on 06/09/2011. The mechanism of injury was from pulling heavy weight. His diagnoses include cervical pain, shoulder pain, lumbar radiculopathy, muscle spasms, hernia, and abdominal pain. His previous treatments include medication, physical therapy and chiropractic treatments. Per the clinical note dated 04/02/2014, the injured worker reported he continued to have pain in his neck, low back, bilateral shoulders and abdominal area. He rated his pain with medications as a 3.5/10 and without medications as a 6/10. The physician reported the injured worker stated his medications are less effective now and he reported side effects of drowsiness and dry mouth. The physician's treatment plan included refills for medication Flexeril, Ultram and Voltaren 1% gel. Per the clinical note dated 05/28/2014, the patient reported he continued to have pain in his neck and lower back and his pain with medications it was 3.5/10 and without medications, a 4.5/10. The treatment plan included prescriptions for Flexeril, Ultram and Voltaren 1% gel. The request for authorization was provided on 06/04/2014. A clear rationale for the requested treatments was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg tablet take 1 1/2 tablet twice daily as needed for muscle spasm qty: 60:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The request for Flexeril 10 mg tablet take 1 1/2 tablet twice daily as needed for muscle spasm QTY: 60 is not medically necessary. The California MTUS Guidelines state muscle relaxers are recommended with caution as a secondary line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also state that cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The clinical documentation provided indicated the injured worker continued to have chronic pain in his neck and low back. However, the physician failed to indicate the efficacy of pain relief on a numeric scale, objective functional improvements made and the length of time the medication had been used. As such the request for Flexeril 10 mg tablet take 1 1/2 tablet twice daily as needed for muscle spasm QTY: 60 is not medically necessary.

**Voltaren 1% Gel apply 2 - 4 grams (1-2 inches) to affected body part per day (100 gram) QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topicals.

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

**Decision rationale:** The request for Voltaren 1% Gel apply 2 - 4 grams (1-2 inches) to affected body part per day (100 gram) QTY: 1 is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines indicate Voltaren gel 1% is recommended for relief of osteoarthritis pain and joints that lend themselves to topical treatment such as ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. The clinical documentation provided indicated the injured worker had complaints of chronic neck and back pain, however, Voltaren is recommended for relief of osteoarthritis pain in joints such as ankle, elbow, foot, hand, knee and wrist. Therefore, based on this and due to the lack of documentation to indicate the patient had failed trials of antidepressants and anticonvulsants and had no documentation of osteoarthritic pain, the request for the Voltaren gel would not be supported by the guidelines. The request also fails to indicate the body part the medication is to be applied. As such, the request for Voltaren 1% Gel apply 2 - 4 grams (1-2 inches) to affected body part per day (100 gram) QTY: 1 is not medically necessary.