

<b>Case Number:</b>	CM14-0047585		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/23/2006
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Nevada. 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 56-year-old female who was reportedly injured on April 23, 2006. The mechanism of injury is stated to be cumulative trauma. The most recent progress note, dated May 8, 2014, indicates that there are ongoing complaints of cervical spine pain and low back pain. The current medications include Amrix, Xanax, a Butrans patch, Norco, Voltaren gel, Cymbalta, aspirin, cyanocobalamin, duloxetine, Etopipate, Flovent, hydrochlorothiazide, Medroxyprogesterone, metformin, metoprolol, Onglyza, pantoprazole, simvastatin, glipizide and losartan. The physical examination demonstrated restricted cervical spine range of motion and paravertebral muscle tenderness. The physical examination of the lumbar spine also noted decreased range of motion and paravertebral muscle tenderness. Trigger point injections were given. The diagnostic imaging studies noted mild degenerative changes at C2-7 level as well as the L5 - S1 level. The previous treatment includes a radiofrequency nerve ablation, medial branch blocks, radiofrequency thermo-coagulation neurolysis, lumbar facet blocks and oral medications. A request had been made for Amrix, Cymbalta, Voltaren gel and Xanax and was not certified in the pre-authorization process on March 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Amrix ER 15mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page 63-66 of 127 Page(s): 63-66 of 127.

**Decision rationale:** Amrix is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request Amrix is not medically necessary.

**1 Prescription of Cymbalta 60mg #30 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 122 of 127 Page(s): 122 OF 127.

**Decision rationale:** Cymbalta is an antidepressant commonly used as a first-line treatment for neuropathic pain, however according to the attached medical record there is no diagnosis of neuropathic pain nor are there any radicular findings found in physical examination. Considering this this request for Cymbalta is not medically necessary.

**1 Prescription of Voltaren gel 1% (5tubes) with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page 122 of 127 Page(s): 122 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines topical nonsteroidal anti-inflammatory medications such as Voltaren gel are only indicated for osteoarthritis and tendinitis particularly in conditions of the knee and elbow. There is little evidence to utilize a topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine. Considering this, this request for Voltaren gel is not medically necessary.

**1 Prescription of Xanax 0.5mg #120 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page 24 of 127 Page(s): 24 OF 127.

**Decision rationale:** According to the California chronic pain medical treatment guidelines, Xanax is a benzodiazepine and is for treatment of anxiety and panic disorders. The injured employee has been diagnosed with conditions pertaining to the cervical and lumbar spine and the medical record contains no mention of anxiety disorders. Considering this, this request for Xanax is not medically necessary.