

<b>Case Number:</b>	CM14-0062880		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/06/1997
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Texas and Oklahoma. 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 50-year-old female who reported injury on 09/06/1997 caused by an unspecified mechanism. The worker's treatment history included medication and physical therapy. The injured worker sustained injuries to the lumbar spine and cervical and spine. The Request for Authorization was submitted, however, not completed by the provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants page(s) 63 Page(s): 63.

**Decision rationale:** The requested is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Zanaflex and functional improvement while being on

the medication. The request submitted to indicate duration and frequency of medication. In addition, the guidelines do not recommend Zanaflex to be used for long-term-use. Given the above, the request for Zanaflex #30 is non-certified.

**Voltaren Gel 1% #3 100gm tubes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Voltaren Gel 1 %, page(s) 112 Page(s): 112.

**Decision rationale:** The request is non-certified. The California MTUS Guidelines state that Voltaren Gel 1% (diclofenac) is recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The documents submitted lacked outcome measurements of medication management and home exercise regimen. In addition, the request lacked frequency, duration and location where the medication is supposed to be applied for the injured worker. Given the above, the request for Voltaren 1% #3 100gm tubes is non-certified.