

<b>Case Number:</b>	CM14-0072660		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

The patient is a 60 year old male who was injured on 12/16/2010. The mechanism of injury is unknown. Prior treatment history has included transcutaneous electrical nerve stimulation (TENS) unit which helps with neck pain; Flexeril (taking since 12/17/2012), Norco, Diclofenac (taking since 12/17/2012), and MS-Contin. He has also had physical therapy and ESI's. Diagnostic studies reviewed include cervical myelogram and post-myelogram CT dated 12/09/2013 revealed a solid fusion at C5-6 with no central stenosis. There is a 2 mm posterior disc osteophyte which mildly flattens the ventral cord although the dorsal cord is preserved. Progress report dated 05/01/2014 documented the patient to have complained of increased upper back and leg pain. He has received trial of cervical facet blocks. He rated his pain before injection 9-10/10 and after 7-8/10. He continued to have complaints of numbness in the left arm. He did report that following the injection, his medication usage has increased. His listed medications are Diclofenac 100 mg Er, Flexeril 7.5 mg, Docusate sodium 100 mg, MS-Contin 15 mg, and Norco 10/325. On exam, the cervical spine range of motion revealed flexion to 20; cervical extension to 5; cervical rotation to the right is 20; and cervical rotation to the left is 80. Neural foraminal compression test is positive bilaterally for neck pain. The patient is diagnosed with cervicalgia and cervical fusion. The patient is recommended Flexeril 7.5 mg prn muscle spasm #60, Norco 10/325 mg #60, Morphine sulfate ER 15 mg #60 and Diclofenac 7.5 mg. Prior utilization review dated 05/06/2014 states the request for Flexeril 7.5mg #60 is partially certified for Flexeril 7.5 mg #20 and Diclofenac 75mg #50 is not certified as there is no documentation of failed first line therapies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, cyclobenzaprine. Other Medical Treatment Guideline or Medical Evidence:Cyclobenzaprine package insert.

**Decision rationale:** This patient has been taking cyclobenzaprine since 2012. Abrupt discontinuation could result in a withdrawal type of response. This is a consideration when considering approval or denial of the medication. The guidelines listed above as well as the package insert for the medication indicate the usage of cyclobenzaprine should be for short-term usage, typically 2-3 weeks. The rationale offered relates to the lack of clinical trails to indicate the benefit of longer-term usage. The medication is also indicated for usage every 8 hours, not every 12 hours as prescribed. Furthermore the dosage prescribed is 7.5mg, a low dose of cyclobenzaprine (maximum dose is 15mg). Based on these factors, I would certify this medication as reasonable and appropriate for but would caution the provider in this case that plans should be made to gradually wean the patient from this medication over the next 4-8 weeks as there is no clear evidence of long term effectiveness. Based on the above information , the request is medically necessary, but should be reviewed in 8 weeks for discontinuation.

**Diclofenac 75mg #50:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac sodium Other Medical Treatment Guideline or Medical Evidence: Diclofenac package insert.

**Decision rationale:** The MTUS guidelines indicate that the long term usage of NSAID medications for chronic pain is not recommended. The package insert for all NSAIDs state that long term usage is associated with significant risks for gastrointestinal bleeding and cardiovascular adverse events. Diclofenac has an additional risk for the elevation of liver enzymes with prolonged usage. There is no evidence presented in the records to suggest that the benefit of using this medication outweighs the risks. The medical records document the patient as continuing to experience pain up to 9/10, suggesting that the current pain management regimen is not effective. This patient should be referred to a pain management specialist before any further medications or alterations in treatment are considered. Based on the information provided above, as well as the clinical documentation, the request is not medically necessary.

