

<b>Case Number:</b>	CM14-0079715		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Pain Management and Rehabilitation and is licensed to practice in Texas. 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 52 year old female who had a work-related injury on 09/16/12. There is no documentation of mechanism of injury, but apparently the left upper extremity was injured. Diagnostic studies of the right lower extremity per Electromyogram (EMG) dated 12/26/13 resulted in L5 radiculopathy. No myopathy, no polyneuropathy. Lumbar MRI dated 11/18/13 mild degenerative bone and joint changes seen scattered throughout the lumbar spine as described with associated mild spinal stenosis at the L2-3, L3-4, and L4-5 as well as mild narrowing of the L2 neural foramina bilaterally. Bilateral upper extremity electrodiagnostic studies, bilateral moderate carpal tunnel syndrome. Most recent note dated 07/09/14 the injured worker reports that she received a carpal tunnel injection at the left wrist one week ago. The injured worker reports that she received fifty percent relief from the carpal tunnel injection. Physical examination revealed an antalgic gait. The injured worker ambulated into the room without any assistance. Gross inspection of the exposed skin demonstrates no evidence of abnormality of the skin, hair or nails. Skin is warm and dry. No abnormal pigmentation or vitiligo noted. No evidence of hypertrophic scar or keloid formation visualized. No macular or papular lesion, erythema or ecchymosis noted. Medications include Diclofenac sodium one and one point five percent and Naproxen sodium, Gabapentin tablets, Norflex, Advair, Levothyroxin, Singulair, Tylenol extra strength, and Proair inhaler. Diagnoses include disorders of the sacrum, sciatica, pain in joint and shoulder, status-post right shoulder surgery 2009, pain in joint and upper arm, status-post right elbow surgery September of 2012, unspecified major depression, recurrent episode. In reviewing the injured worker records, she rates her pain as a 6/10 without medication and eighty percent improvement with medication. On review of systems, no gastrointestinal (GI) complaints are noted. Also there is no documentation by the provider stating that the injured worker has gastrointestinal complaints. Prior utilization review on 05/19/14 non-

certified for the Diclofenac sodium one point five percent and a partial on the Norflex Extended Release 100mg #90 to initiate weaning process.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diclofenac Sodium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page(s) 111 Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Topical Analgesics.

**Decision rationale:** The request for Diclofenac sodium is not medically necessary. The clinical documentation does not support the request for Diclofenac cream. The injured worker is taking Naproxen; there is no documentation in the submitted records that the injured worker complained of gastrointestinal problems. It is recommended for osteoarthritis after failure of an oral Non-steroidal anti-inflammatory drugs (NSAIDs), or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms. Therefore medical necessity has not been established.

**Orphenadrine-Norflex ER 100mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page(s) 63-66 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants.

**Decision rationale:** The request for Orphenadrine-Norflex ER 100mg, #90 is not medically necessary. Prior utilization review modified to initiate weaning process. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low back pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Therefore, medical necessity has not been established.