

<b>Case Number:</b>	CM14-0082024		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, elbow, and low back pain reportedly associated with an industrial injury of June 4, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxant; unspecified amounts of physical therapy and chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated May 28, 2014, the claims administrator approved a request for Norco, and denied a request for Voltaren, partially certified a request for Robaxin, and approved a request for Neurontin. The claims administrator denied Voltaren on the grounds that Voltaren carried an unfavorable recommendation on the ODG formulary. The applicant's attorney subsequently appealed. In a September 18, 2013 request for authorization form, six sessions of acupuncture were sought by the applicant's secondary treating provider, and acupuncturist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg 1 by mouth daily #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22;7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that anti inflammatory medication such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, no clinical progress notes were included within the medical records provided for review. The applicant's work status, functional status, and response to ongoing usage of Voltaren were not outlined. Therefore, the request for Voltaren is not medically necessary.

**Robaxin 750mg 1-2 by mouth three times a day as needed #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Robaxin is a muscle relaxant. As noted on page 63 of the MTUS Chronic Pain Guidelines, muscle relaxants are recommended as a short-term option to treat acute exacerbations of chronic low back pain. Muscle relaxants are not recommended for the chronic, long-term, and/or scheduled use purpose for which Robaxin is seemingly being endorsed via the 120-tablet supply sought by the attending provider. No applicant-specific rationale or medical evidence was attached within the medical records provided for review so as to offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.