

<b>Case Number:</b>	CM14-0199199		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 60 year old female who was injured at work on 03/12/2010. She is reported to be complaining of persistent pain of both shoulders. The pain is 5-6/10 in the right shoulder, but the left shoulder pain improved with injection. In addition, she suffers from occipital headache, neck pain, intermittent numbness in the hands and fingers. The physical examination revealed well healed incisional scars, limited range of motion of the bilateral shoulders, slight weakness of the right shoulder. MRI right shoulder dated 11/06/2014 revealed tendinosis, interval rotator cuff repair, chondroplasty, and subacromial decompression. The worker has been diagnosed of right shoulder rotator cuff syndrome, lumbar facet arthropathy, cervical radiculopathy, cervical neural foraminal stenosis, cervical spinal stenosis, muscle spasm, myalgia. Treatments have included multiple shoulder surgeries including arthroscopic surgery, physical therapy, right shoulder injection, bilateral Lumbar 3, 4, 5 medial branch blocks, lumbar facet injections, right epidural steroid injection, Tramadol, extra-strength Vicodin, and meloxicam. At dispute are the requests for Metaxalone 800mg #90 With 2 Refills; Voltaren Gel #1 With 2 Refills; Tramadol 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Metaxalone 800mg, #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Metaxalone 800mg #90 With 2 Refills. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). The record indicates the injured worker has been on Skelaxin (Metaxalone), since 2013; the request is for a 30 day supply with two refills. The request goes beyond the short-term use recommended. Therefore, the request is not medically necessary and appropriate.

**Voltaren gel #1 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for voltaren gel #1 with 2 refills. The MTUS states that Voltaren gel is a topical analgesic indicated 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. Additionally, like other topical Analgesics, they are considered as experimental drugs primarily used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documented evidence there has been failed treatment with antidepressants and anticonvulsants, therefore, the requested treatment is not medically necessary and appropriate.

**Tramadol 50mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for voltaren gel #1 with 2 refills. The Medical records indicate the injured worker has been on Tramadol in the form of Ultracet (Tramadol/Acetaminophen) since 2013. The MTUS recommends against the use of opioids for more than 16 weeks in the treatment of chronic back pain, or more than 70 days in the treatment of chronic pain. Additionally, there is no documented evidence that first line drugs have failed. Therefore, the requested treatment is not medically necessary and appropriate.