

<b>Case Number:</b>	CM14-0199343		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/17/2014
<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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 63-year-old female with a date of injury of 12/17/2013. According to progress report dated 09/09/2014, the patient presents with pain in the neck with numbness to the right hand. Pain is rated as 6/10 with rest and 9/10 with activity. Patient's current medications include losartan and amlodipine for hypertension, Lexapro and Wellbutrin for depression, atorvastatin for cholesterol, and fenofibrate for her triglycerides. Objective findings revealed slight elevation of the right trapezius muscle is present. Upper extremities including elbow to the fingertips appeared symmetrical and normal without muscular atrophy, wasting, or deformity. Range of motion of the neck was slightly decreased on all planes. There is some interspinous ligament tenderness in the midline posterior extending to the upper thoracic. The adjacent extensor muscle of the neck are tender, and guarded with muscle spasms noted. The listed diagnosis is chronic sprain/strain of the cervical spine with radiculopathy into the right upper extremity. Treatment plan included prescription for Norco, Robaxin for muscle spasm, and Voltaren gel to be applied to the posterior neck muscles. Utilization review denied the request on 11/17/2014. Treatment reports from 12/17/2013 through 09/09/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamol 750mg #30:** 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): 63-64.

**Decision rationale:** This patient presents with continued neck pain that radiates into the upper extremity. The current request is for Methocarbamol 750 mg #30. The Utilization review denied the request stating "there is insufficient documentation contradicting the use of NSAID for the patient's current condition, considering these findings, the medical necessity for this muscle relaxant has not been established." For muscle relaxants for pain, the MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line treatment for short term treatment of acute exacerbations of patients with LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, most LBP cases show no benefit beyond NSAID in pain and overall improvement." This is an initial request for this medication. In this case, recommendation cannot be made as the treating physician has prescribed #30 for as an initial trial. The MTUS Guidelines support the use of muscle relaxants for short course of therapy, but no more than 2 to 3 weeks. The requested Methocarbamol 750 mg #30 is not medically necessary.

**Voltaren gel 1% #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** This patient presents with continued neck pain that radiates into the upper extremities. The current request is for Voltaren gel 1% #100. The treating physician states that this medication is to be applied to the neck area. MTUS Guidelines states, "Efficacy and clinical trials for the topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis, in particular, that of the knee and elbow and other joints that are amendable to topical treatment, recommended for short-term use for 12 weeks." In this case, the patient does not meet the indication for this medication, as she suffers from chronic neck pain. Topical NSAID is recommended for acute and chronic pain conditions, particularly osteoarthritis affecting peripheral joints. The requested Voltaren gel is not medically necessary.