

<b>Case Number:</b>	CM14-0208907		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old male with an industrial injury dated 12/18/2013. He states while at work he was carrying a beer barrel and began to experience lower back pain. Follow up noted indicate the injured worker continues to have back pain. Diagnoses are lumbar sprain and strain. Prior treatment includes physical therapy, medication and diagnostic studies (MRI, electro diagnostic studies and x-rays). On 11/17/2014 the request for Voltaren XR (Diclofenac ER) 100 mg by mouth daily # 30 was non-certified by utilization review. The request for Flexeril (Cyclobenzaprine) 10 mg one by mouth three times daily #90 was also non-certified. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR (Diclofenac ER) 100mg, one by mouth every day, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Diclofenac.

**Decision rationale:** Based on the progress report dated 12/08/14, the patient presents with constant severe low back pain. The request is for VOLTAREN 100MG #30. The diagnoses per progress report dated 12/08/14 include: mechanical back pain with desiccation and slight collapse at L4-L5 and some facet arthrosis with discogenic pain; Herniated nucleus pulposus central and bilateral neural foramina at L4-L5 with desiccation. The patient's medications include: Flexeril, Voltaren, and Flurbiprofen. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Voltaren was listed as a current medication in progress reports dated 12/08/14, and 01/12/15. ODG supports Voltaren when other NSAIDs have failed and the patient is at a very low risk profile. However, there is no evidence in any of the treaters progress reports that other NSAIDs have been tried and failed. The reason for this request has not been provided, nor has the patient's risk profile indicated. Therefore, the request IS NOT medically necessary.

**Flexeril (Cyclobenzaprine) 10mg, #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

**Decision rationale:** Based on the progress report dated 12/08/14, the patient presents with constant severe low back pain. The request is for FLEXERIL (CYCLOBENZAPRINE) 10MG #90. The diagnoses per progress report dated 12/08/14 include: mechanical back pain with desiccation and slight collapse at L4-L5 and some facet arthrosis with discogenic pain; Herniated nucleus pulposus central and bilateral neural foramina at L4-L5 with desiccation. The patient's medications include: Flexeril, Voltaren, and Flurbiprofen. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per progress report dated 12/08/14, the physical examination reveals spasm and tenderness to palpation over the L4-L5. However, guidelines do not indicate prolonged use of this medication

due to diminished effect, dependence, and reported abuse. Cyclobenzaprine in the form of Flexeril has been prescribed at least since 12/08/14. Furthermore, the request for quantity 90 does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.