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| <b>Case Number:</b>   | CM15-0102372 |                              |            |
| <b>Date Assigned:</b> | 06/04/2015   | <b>Date of Injury:</b>       | 12/21/2011 |
| <b>Decision Date:</b> | 07/08/2015   | <b>UR Denial Date:</b>       | 05/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2015 |

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 year old female patient, who sustained an industrial injury on December 21, 2011. She sustained the injury due to cumulative trauma from customer service, lifting and carrying. The injure worker recalled falling a couple of times during employment. The diagnoses include low back pain, lumbar disc with radiculopathy, facet arthropathy syndrome, sacral and sacroiliac disorder. According to progress note dated May 12, 2015, she had chief complaint of left lower back pain with radiation to the anterolateral lower extremity to knee with tingling, numbness and weakness. She described the pain as stabbing and deep-pressure. The pain was aggravated by prolonged sitting, standing, walking, twisting, climbing stairs and driving. The pain was mildly relieved by ice and rest. The pain interfered her to perform household chores, walk, and run and play sports. There was also a negative impact emotionally causing problems with concentration, depression, anxiety, mood, appetite, sleep and relationships. The physical exam revealed antalgic gait was antalgic, unable to heel or toe walk; postural abnormalities (her left hip ½ inch higher than the right and muscle spasms and guarding; the lumbar spine) range of motion restricted in all planes with pain, muscle guarding and decreased left L4, L5 and S1 to all deep tendon reflexes. The medications list includes cyclobenzaprine, lisinopril, diclofenac and metoprolol. She has had physical therapy, lumbar spine epidural steroid injection, acupuncture, and surgical consultation. The treatment plan included prescriptions for Diclofenac and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac tablet extended release sodium 100 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac sodium Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Anti-inflammatory medications Diclofenac.

**Decision rationale:** According to the cited guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." (Van Tulder-Cochrane, 2000) Patient had chronic low back pain. Therefore use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines; "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." The response and failure of other NSAIDS is not specified in the records provided. The medical necessity of Diclofenac tablet extended release sodium 100 mg Qty 60 is not fully established as a first line NSAID due to its risk profile. Therefore, the request is not medically necessary.

**Cyclobenzaprine tablet 5 mg Qty 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page 64.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had had low back pain with radiculopathy. She has had significant findings on physical examination- lumbar tenderness, muscle spasms, and decreased lumbar spine range of motion. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine tablet 5 mg Qty 1 is medically appropriate and necessary to use as prn during acute exacerbations.