

<b>Case Number:</b>	CM15-0107405		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 37 year old female, who sustained an industrial injury on 9/24/07. She reported pain in her lower back after lifting a heavy box. The injured worker was diagnosed as having lumbar degenerative disc disease, bilateral lower extremity radiculopathy, facet arthropathy and insomnia. Treatment to date has included a lumbar MRI on 5/9/08 showing an L4-L5 disc bulge, psychotherapy and physical therapy. Current medications include Voltaren gel (since at least 1/26/15) and Cyclobenzaprine (since at least 7/29/09), Percocet, Wellbutrin, Ibuprofen and Lorazepam. As of the PR2 dated 4/1/15, the injured worker reports chronic lower back pain and lower extremity radiculopathy. She stated that the Voltaren gel has been very helpful. The treating physician requested Voltaren gel 1% #1 and Cyclobenzaprine 7.5mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. " VOLTAREN (DICLOFENAC) (RECOMMENDED FOR OA) MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it "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. " Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. There is no indication that the patient cannot tolerate oral NSAIDS or what area the gel will be applied to. As such, the request for Voltaren gel 1% #1 is not medically necessary.

**Cyclobenzaprine 7.5 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60- 61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril ½) and Other Medical Treatment Guidelines UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. " The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. " As such, the request for Flexeril 7.5mg #60 is not medically necessary.