

<b>Case Number:</b>	CM15-0147836		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/27/2001
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 62 year old female, who sustained an industrial injury on 4-27-2001. She reported a backwards fall. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain-strain with bilateral lower extremity radiculitis and bilateral sacroiliac joint sprain-strain and facet syndrome, status post right knee arthroscopy with slight osteoarthritis: right knee chondral loss in the anterior and medial compartments, left knee sprain secondary to overcompensation, and right great toe sprain. Treatment to date has included diagnostics, physical therapy, right knee surgery, epidural steroid injections, Synvisc injections, and medications. A PR2 report (9-23-2014) noted a plan to discontinue Voltaren XR, noting a diagnosis of high blood pressure. The use of Voltaren XR continued. Medication use at this time also included Valium, with plan for Fexmid. Currently, the injured worker complains of increased low back pain with bilateral lower extremity radicular symptoms, left greater than right. She reported numbness, tingling, spasm, difficulty walking, and difficulty sleeping. Her condition was documented as worsening. Her pain was not rated. Her blood pressure was not noted. Her work status was total temporary disability. The treatment plan included refill of Voltaren XR, Prilosec, and Fexmid, pain management, and extension of authorized bilateral L4-S1 medial branch blocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Diclofenac Sodium is used for osterarthritis pain. There is no documentation of functional improvement and reduction in pain with the previous use of voltaren. In addition, it has been recommended in the progress report dated September 23, 2014 to discontinue the medication due to high blood pressure. Therefore, the request for Diclofenac Sodium XR (Voltaren) 100mg Qty: 30 is not medically necessary.

**Fexmid 7.5mg #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 Cyclobenzaprine Page(s): 41.

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Therefore, the request for Fexmid 7.5mg #60 is not medically necessary.