

<b>Case Number:</b>	CM15-0168506		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic neck, shoulder, arm, and thumb pain reportedly associated with an industrial injury of April 10, 2008. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve requests for Cyclobenzaprine and Voltaren gel. The claims administrator referenced a July 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said July 8, 2015 office visit, the applicant reported ongoing complaints of shoulder, arm, hand, wrist, and thumb pain. The applicant developed derivative complaints of depression, it was reported. Tramadol, Naprosyn, Prilosec, Flexeril, and Voltaren gel were endorsed, seemingly without much discussion of medication efficacy. The applicant did have issues with thumb arthritis, it was reported. The applicant continued to report difficult with gripping and grasping, it was reported on that date. The applicant's work status was not detailed, although it did not appear the applicant was working. On April 1, 2015, the applicant reported ongoing complaints of bilateral thumb pain and weakness. Voltaren gel, Naprosyn, Flexeril, Prilosec, and Tramadol were endorsed. Permanent work restrictions imposed by medical-legal evaluator were renewed. It was not stated whether the applicant was or not working with said limitations in place, although this did not appear to be the case. No seeming discussion of medication efficacy transpired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 100g #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Introduction.

**Decision rationale:** No, the request for Voltaren gel, a topical NSAID, was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that topical Voltaren gel is indicated in the treatment of small joint arthritis and, in particular, the hand/thumb arthritis reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant continue to report complaints of thumb pain with associated difficulty with gripping and grasping on office visit of April 1, 2015 and July 8, 2015. Lifting remained problematic, it was reported on July 8, 2015. Ongoing usage of Voltaren gel failed to curtail the applicant's dependence on opioids agents such as Tramadol, it was acknowledged on that date. It did not appear that the applicant was working with permanent limitations imposed by a medical-legal evaluator in place. The attending provider's April 1, 2015 and July 8, 2015 progress notes failed to incorporate any seeming discussion of medication efficacy. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Cyclobenzaprine 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** Similarly, the request for Cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Naprosyn, Voltaren gel, Tramadol, etc. The addition of Cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 60-tablet supply of Cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

