

<b>Case Number:</b>	CM15-0184550		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old female who sustained an industrial injury on 05-24-2011. Current diagnoses include cervical sprain-strain neck, cervical radiculitis, shoulder sprain-strain, and wrist sprain-strain. Report dated 08-10-2015 noted that the injured worker presented with complaints that included neck pain, bilateral wrist pain, and right shoulder pain. Pain level was 4 out of 10 on a visual analog scale (VAS). It was documented that medications and TENS treatment helps with pain. Physical examination performed on 08-10-2015 revealed tenderness to palpation, and decreased range of motion. Previous treatments included medications, home exercise program, and TENS. The treatment plan included continuing home exercise program and TENS, refilled medications as there are no side effects, and awaiting surgery authorization. Work status was documented as modified duty. The utilization review dated 08-20-2015, modified the request for cyclobenzaprine and Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, per 8/10/15 order qty 1.00: 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), Muscle relaxants (for pain).

**Decision rationale:** Cyclobenzaprine 7.5mg, per 8/10/15 order qty 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The patient has already been on this medication and there are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended time frame. The request for Cyclobenzaprine is not medically necessary.

**Voltaren gel 100g/1 tube, per 8/10/15 order qty1.00:** 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): Topical Analgesics.

**Decision rationale:** Voltaren gel 100g/1 tube, per 8/10/15 order qty1.00 is not medically necessary per the MTUS Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states that topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% (diclofenac) is 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. The request does not specify to what body part this will be used for as Voltaren is not indicated for shoulder or spine pain. Additionally, the MTUS does not recommend this medication for over 12 weeks and the patient was prescribed this medication on 6/1/15. There are no extenuating factors that would necessitate continuing this medication beyond the recommended 4-12 week short term period. There is no evidence that prior Voltaren use has significantly changed the patient's pain levels. The request for Voltaren is not medically necessary.