

<b>Case Number:</b>	CM15-0197533		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	04/30/2001
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 60-year-old female who sustained an industrial injury on 4-30-2001 and has been treated for Neck pain, chronic tendonopathies in both shoulders, and chronic medial and lateral epicondylitis in the elbows with chronic sprain of the wrist. On 8-25-2015, the injured worker reported severe flare-up of her neck pain with muscle spasm. At that visit, she rated pain as 8 out of 10. She stated that during the week it was 4 out of 10 with medication, and up to 10 out of 10 without. Her pain and functional improvement was reported to be 50 percent with medication. Objective findings include limited cervical range of motion "in all planes"; and palpable muscle spasm in the cervical and paraspinal trapezius muscles with loss of cervical lordotic curvature. She also showed limited range of motion with the bilateral shoulders with crepitus and tenderness and positive Cozen's maneuvers. Documented treatment includes TENS unit, manipulation, Voltaren Gel, Norco, Flexeril, Mobic. Voltaren Gel and Flexeril are both noted in the medical record for at least 6 months. The physician stated there is a narcotic contract in place, and urine drug screens have been "appropriate." Request is for Flexeril 10 mg #30 and Voltaren Gel 1 percent. Both were denied on 9-11-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg Qty 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The requested Flexeril 10 mg Qty 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck pain with muscle spasm. At that visit, she rated pain as 8 out of 10. She stated that during the week it was 4 out of 10 with medication, and up to 10 out of 10 without. Her pain and functional improvement was reported to be 50 percent with medication. Objective findings include limited cervical range of motion "in all planes"; and palpable muscle spasm in the cervical and paraspinal trapezius muscles with loss of cervical lordotic curvature. She also showed limited range of motion with the bilateral shoulders with crepitus and tenderness and positive Cozen's maneuvers. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10 mg Qty 30 is not medically necessary.

**Voltaren 1% gel, 100 gm tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** The requested Voltaren 1% gel, 100 gm tube, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents treatment. The injured worker has neck pain with muscle spasm. At that visit, she rated pain as 8 out of 10. She stated that during the week it was 4 out of 10 with medication, and up to 10 out of 10 without. Her pain and functional improvement was reported to be 50 percent with medication. Objective findings include limited cervical range of motion "in all planes"; and palpable muscle spasm in the cervical and paraspinal trapezius muscles with loss of cervical lordotic curvature. She also showed limited range of motion with the bilateral shoulders with crepitus and tenderness and positive Cozen's maneuvers. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren 1% gel, 100 gm tube is not medically necessary.