

<b>Case Number:</b>	CM15-0208691		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	04/01/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 68 year old male who reported an industrial injury on 4-1-2015. His diagnoses, and or impressions, were noted to include: myofascial pain; bilateral lumbosacral strain with radiculopathy; bilateral cervical sprain-strain with radiculopathy; question of bilateral rotator cuff impingement; right index finger pain, question of trigger finger; and wrist pain. No imaging studies were noted. His treatments were noted to include: a comprehensive physiatry consultation on 7-21-2015; medication management with toxicology studies; and a return to full-time, modified work duties. The progress notes of 8-25-2015 were hand written and difficult to decipher, but were noted to include reports of: continued pain in the cervical and lumbar spine, bilateral shoulders, left hand and right index finger; some spasms in the (illegible) traps and numbness (illegible). The objective findings were noted to include: positive right index finger range-of-motion, left thumb de Quervain's, bilateral shoulder impingement with decreased range-of-motion of the neck-back; positive bilateral Spurling's and straight leg raise tests; and positive spasms in the bilateral traps. The physician's requests for treatment were noted to include Flexeril 7.5 mg 3 x a day, with no request for Diclofenac noted. The prescription for Flexeril 7.5 mg 3 x a day was noted as far back as the 7-28-2015 progress notes. No Request for Authorization for a 1 month supply of Diclofenac tablets and Flexeril 7.5 mg tablets was noted in the medial records provided. The Utilization Review of 10-12-2015 non-certified the request for a 1 month supply of Diclofenac tablets and Flexeril 7.5 mg tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 month supply of Diclofenac tablet (unspecified dosage and quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks and required the claimant to use PPIs. Pain scores were not routinely noted. Continued use of Diclofenac is not medically necessary.

**1 month supply of Flexeril 7.5mg tablet (unspecified quantity): Upheld**

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

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

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months along with NSAIDS. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.