

<b>Case Number:</b>	CM15-0033569		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 8/14/2013. The diagnoses have included lumbar radiculopathy, sprain in the lumbar region, cervical sprain, acquired trigger finger, and carpal tunnel syndrome. Treatment to date has included medications. Currently, the IW complains of significant lower back pain with radiation to the left lower extremity. He reports increased pain to his calf. Objective findings included lumbar paravertebral muscle tenderness with restricted range of motion. Straight leg raise test is positive on the left. On 1/30/2015, Utilization Review non-certified a request for Voltaren gel 1% #300, and modified a request for Norco 5/325mg #60 and Cyclobenzaprine HCL tab 10mg #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/30/2015, the injured worker submitted an application for IMR for review of Voltaren gel 1% #300, Norco 5/325mg #60 and Cyclobenzaprine HCL tab 10mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel #300:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months. A progress note on December 4, 2014 indicated the claimant had no improvement in symptoms while on Voltaren, Norco, Naproxen and Cyclobenzaprine. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

**Hydrocodone tab (Norco 5-325mg) #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. There was no indication for combining and NSAID with an opioid. There was no indication of Tylenol failure. A progress note on December 4, 2014 indicated the claimant had no improvement in symptoms while on Voltaren, Norco, Naproxen and Cyclobenzaprine. The continued use of Norco is not medically necessary.

**Cyclobenzaprine HCl tab 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**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 in combination with Norco and Naproxen without significant improvement in pain or function. Continued use is not medically necessary.