

<b>Case Number:</b>	CM15-0035487		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: 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 injured worker is a 49 year old female, who sustained an industrial injury on April 10, 2013. She has reported her left knee and shin were struck by boxes. Her diagnoses include left knee contusion, left knee pain, and status post left knee arthroscopic surgery. She has been treated with x-rays, activity modifications, left knee brace, steroid injections, physical therapy, home exercise program, and pain, oral non-steroidal anti-inflammatory, and topical non-steroidal anti-inflammatory medications. On December 10, 2014, her treating physician reports continued left knee pain. The pain is rated 7-8/10 without medication and the pain decreases a bit with medication. She uses a cane for ambulation, which is very helpful. She no longer uses her knee brace because she got more swelling of the knee with it on. The physical exam revealed a slightly antalgic gait favoring the left knee, no suprapatellar swelling, surgical ports from prior surgery, unrestricted motion from full extension to 150 degrees of flexion without crepitus, normal patellae tracking, medial joint line tenderness on deep palpation, negative anterior and pot drawer signs, negative Lachman maneuver, and satisfactory gross stability. The treatment plan includes topical non-steroidal anti-inflammatory and muscle relaxant medications. On February 25, 2015, the injured worker submitted an application for IMR for review of requested prescriptions for Voltaren Gel 1% for local application, 12 hours on/12 hours off, #100gm and Flexeril 7.5mg, 1 tablet at bedtime, #30. The Voltaren Gel was non-certified based on the lack of failure of oral non-steroidal anti-inflammatory drugs (NSAIDs) and the increased risk profile. The Flexeril was non-certified based on the guidelines recommend this medication as a second-line treatment of acute exacerbation of chronic low back pain and do not recommend this

medication for use longer than 2-3 weeks. In addition, it does not appear that this patient is suffering from symptoms of acute exacerbation at this time. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren gel 1% for local application, 12 hours on 12 hours off #100gm, prescribed 12/10/14:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Voltaren® Gel (diclofenac).

**Decision rationale:** According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren gel 1% for local application, 12 hours on 12 hours off #100gm is not medically necessary.

**Flexeril 7.5mg, 1 tab at bedtime, #30, prescribed 12/10/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 64.

**Decision rationale:** The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There are no muscle spasms documented on the physical exam. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Flexeril 7.5mg, 1 tab at bedtime, #30 is not medically necessary.