

<b>Case Number:</b>	CM14-0158942		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 51-year-old female with date of injury of 03/19/2010. The listed diagnoses per [REDACTED] from 07/31/2014 are: 1. Cervical radiculopathy. 2. Cervical disk herniations at C5-C6 and C6-C7 with neural foraminal narrowing. According to this report, the patient complains of neck pain that she rates 6/10 on the pain scale. She states that most of her pain is in her right upper extremity. The patient reports radiation of pain, tingling, and numbness down both arms down to the hands, right side much greater than the left. She currently works in modified duty. The patient is currently taking tramadol ER, Flexeril, and gabapentin. The physical examination showed decreased range of motion in the cervical spine and decreased sensation on the left C7 and C8 dermatomes. Wrist extension, wrist flexion is 4+/5 bilaterally and limited by pain. The utilization review denied the request on 09/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 - 66.

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

**Decision rationale:** This patient presents with neck pain. The physician is requesting Cyclobenzaprine 7.5 mg. The MTUS Guidelines page 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (Amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records do not show a history of Cyclobenzaprine use. In this case, while a trial of Cyclobenzaprine is reasonable, the requested quantity exceeds MTUS recommended 2- to 3-week treatment. The request is not medically necessary.

**Diclofenac Sodium ER 100 mg, sixty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 - 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on anti-inflammatory, MTUS Guidelines on medications for chronic pain Page(s): 22 page 60 and.

**Decision rationale:** This patient presents with neck pain. The physician is requesting Diclofenac sodium ER 100 mg, quantity #60. The MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient has not tried Diclofenac sodium ER in the past. In this case, MTUS supports the use of NSAIDs for the treatment of chronic pain, and the requested Diclofenac sodium ER is reasonable. This request is medically necessary.