

<b>Case Number:</b>	CM14-0085950		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Anesthesiology, has a subspecialty in , Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 49-year-old male, who reported an injury on 02/26/2014 while patrolling the mall parking lot his vehicle hit a tree. The injured worker complained of neck and left upper extremity pain. The diagnoses included left cervical strain with left upper extremity radiculopathy. The MRI dated 06/17/2014 revealed loss of cervical lordosis with evidence of compression fracture. The bone marrow signal was normal without any bony lesion. The cranial vertical cervical junction was intact. The C1-2 relationship was well preserved. The cervical cord was normal signal and morphology. Paraspinal soft tissues were intact. The electromyography/nerve conductive study, dated 06/03/2014, of the upper extremities revealed normal interference pattern was seen in all the tested muscles. The nerve conductive study revealed left median sensory and left median motor distal latencies were delayed. The ulnar motor conductive velocity was delayed as well. No past treatments available. The physical examination, dated 05/09/2014, of the cervical spine revealed normal gait, tenderness noted at the paraspinal muscle, spasms to the left side with cervical motion. The range of motion with rotation 60 degrees, lateral bending 20 degrees with spasms with range of motion. Sensation was decreased at the C5-6 dermatomes. The muscle strength was normal. The reflexes for the upper extremities were 2+ bilaterally and symmetrical. The medication included Diclofenac XR 100 mg. The Request for Authorization, dated 07/23/2014, was submitted with documentation. The rationale for the Diclofenac XR was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR (Extend Release) 100 mg. #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS Page(s): 70.

**Decision rationale:** The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical notes did not indicate that the injured worker had CBC and chemistry profile; including liver and renal function testing. The request did not address the frequency. The request for Diclofenac XR (extended tablets) 100 mg #30 is not medically necessary.

**Cyclobenzaprine 7.5 mg. #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity/Antispasmodics Drugs.

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

**Decision rationale:** The California MTUS states, that Cyclobenzaprine (Flexeril ) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The clinical note dated 05/09/2014 did not indicate or document that the injured worker was taking a muscle relaxant or the efficacy of the medication. The frequency was not addressed. The request for Cyclobenzaprine 7.5mg # 60 is not medically necessary.