

<b>Case Number:</b>	CM14-0096013		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/23/1997
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 66 year old female injured on 09/23/97 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include lumbar radiculopathy, cervical sprain and strain, chronic pain syndrome, chronic pain related insomnia, severe myofascial syndrome, neuropathic pain, prescription narcotic dependence, chronic pain related depression and anxiety, and total body pain. The clinical note dated 07/24/14 indicated the injured worker presented complaining of pain to the bilateral shoulders, upper back, low back and bilateral feet rated at 7/10 with medication and 8/10 without the use of medication. The injured worker reported an inability to obtain Subutex requiring her to take partial doses in an attempt to lengthen current prescription. The injured worker had authorization denied due to previous inconsistent urine drug screens. No specific physical examination findings were provided. Urine drug screen results performed on 06/13/14 indicated positive findings for Buprenorphine, nicotine, Cotinine, Butalbital, and Pentobarbital. The treatment plan included an appeal for Subutex 2mg 1 sublingual twice a day, Voltaren 75mg 1 tablet three times a day, Fioricet, Xanax, Prevacid, Skelaxin, Ambien, Gabapentin, Idrasil, and B12 intramuscular injection. The initial request for Voltaren 75mg #90 and Skelaxin 800mg #120 with 2 refills was initially non-certified on 08/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 75mg #90 with 2 refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

**Decision rationale:** Voltaren is not recommend as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other non-steroidal anti-inflammatory drugs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request cannot be recommended as medically necessary.

**Skelaxin 800mg #120 with 2 refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin).

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

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity cannot be established at this time.