

<b>Case Number:</b>	CM14-0212442		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/24/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 32 year old female with an injury date of 11/24/12. Per the 11/17/14 and 10/07/14 reports the patient presents with right shoulder and right neck pain radiating into the biceps and anterior forearm. Examination of the right shoulder 11/17/14 shows tenderness to palpation over the anterior aspect with reduced range of motion. There is pain with Neer maneuver. Neck examination reveals mild tenderness to palpation and increased muscle tone over the posterior left paraspinal and trapezius muscles. The patient's diagnoses include: 1. Arthralgia shoulder 2.Sprain shoulder 3.Sprain supraspinatus muscle 4.Sprain neck 5. Neuropathy upper extremities. The patient is continuing home exercise. Medications are listed as Cyclobenzaprine, Voltaren gel, and Celebrex. The utilization review is dated 12/12/14. Reports were provided for review from 08/19/13 to 11/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 2 grams with 3 refills:** Upheld

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

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

**Decision rationale:** The patient present with right shoulder and right neck pain radiating into the biceps and anterior forearm. The current request is for Voltaren gel 2 grams with 3 refills per the 11/17/14 RFA.MTUS page 111 of the chronic pain section states the following regarding topical analgesics: Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The reports provided show that the patient has been prescribed this medication since at least 05/05/14. The reports do not discuss its intended use. In this case, Voltaren gel is indicated for peripheral joint arthritis/tendinitis and there is no documentation or diagnosis of this condition for this patient. Therefore, the request is not medically necessary.

**Celebrex 200mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient present with right shoulder and right neck pain radiating into the biceps and anterior forearm. The current request is for Celebrex 200mg #30 with 3 refills per the 11/17/14 RFA.MTUS Anti-inflammatory medications page 22 state, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." The reports provided do not discuss this medication. Celebrex has been prescribed for the patient since at least 10/02/13. In this case, guidelines state this medication may be considered if the patient has a risk of GI complications; however, this is not documented. Lacking recommendation by MTUS, the request is not medically necessary.

**Flexeril 5mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxant for pain Page(s): 64, 63.

**Decision rationale:** The patient present with right shoulder and right neck pain radiating into the biceps and anterior forearm. The current request is for Flexeril 5mg #60 with 3 refills (Cyclobenzaprine) per the 11/17/14 RFA. MTUS guidelines page 64 states the following,

Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxant for pain page 63 state, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2 to 3 weeks for use of the medication. The treater does not discuss the intended use of this medication. The reports provided show the patient has been prescribed Flexeril on a long-term basis since at least 02/06/14. MTUS, however, recommends short-term use of not more than 2-3 weeks. Therefore, the request is not medically necessary.