

<b>Case Number:</b>	CM14-0218010		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/27/2005
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on March 27, 2005. The mechanism of injury is unknown. The diagnoses have included rotator cuff sprain, rotator cuff rupture, neck sprain, rotator cuff syndrome, unspecified myalgia and myositis, cervical radiculopathy and unspecified rotator cuff syndrome. Treatment to date has included diagnostic studies, physical therapy, chiropractic treatment, trigger point injections, physical therapy and medication. Currently, the injured worker complains of pain beginning in the neck that travels throughout the arm affecting his right hand as numbness and tingling sensations. There is a positive right Spurling's sign. Examination of the cervical spine revealed decrease flexion, extension and bilateral bending and rotation by 10% of normal. Notes stated that he had greater than 50% relief from a prior cervical epidural that lasted well over 2 months. On December 28, 2014 Utilization Review non-certified Diclofenac Sodium ER 100mg (DOS 12/15/14) and Flexeril 7.5mg #90 (DOS 12/15/14), noting the CA MTUS Guidelines. On December 30, 2014, the injured worker submitted an application for Independent Medical Review for review of Diclofenac Sodium ER 100mg (DOS 12/15/14) and Flexeril 7.5mg #90 (DOS 12/15/14).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 12/15/14) Diclofenac Sodium ER 100mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac ER 100 mg date of service December 15, 2014 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are myofascial pain syndrome; cervical spine strain; rotator cuff syndrome right and left; cervical radiculopathy right; and status post bilateral shoulder surgery. The documentation indicates Diclofenac was first prescribed June 2, 2014. The checkbox for refill was unchecked in the medical record. However, the injured worker was still taking Diclofenac on December 15, 2014 progress note. The documentation does not contain evidence of objective functional improvement as it relates to Diclofenac's efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Diclofenac ER 100 mg, Diclofenac ER 100 mg date of service December 15, 2014 is not medically necessary.

**Retrospective (DOS: 12/15/14) Flexeril 7.5mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #90 date of service December 15, 2014 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are myofascial pain syndrome; cervical spine strain; rotator cuff syndrome right and left; cervical radiculopathy right; and status post bilateral shoulder surgery. The documentation indicates that call for next was first prescribed June 2, 2014. The checkbox for refill was unchecked the medical record. However, the injured worker is still taking Flexeril 7.5mg on December 15, 2014 progress note. The documentation does not contain evidence of objective functional improvement as it relates to Flexeril's ongoing use. Additionally, Flexeril is indicated for short-term (less than two weeks) use for acute low back pain and short-term treatment of acute exacerbations in chronic low back pain. The documentation does not contain an exacerbation of low back pain and the treating physician has exceeded the recommended guidelines for short-term use (less than two weeks). Consequently, absent clinical documentation with objective functional improvement to gauge

Flexeril's efficacy in contravention of the recommended guidelines for short-term (less than two weeks) use, Flexeril 7.5 mg #90 date of service December 15, 2014 is not medically necessary.