

<b>Case Number:</b>	CM15-0125495		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	01/15/1995
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 61 year old female who sustained an industrial injury on 01/15/1995. Current diagnoses include low back pain, cervical pain, lumbar radiculopathy, and cervical facet syndrome. Previous treatments included medications, chiropractic treatments, massage therapy, TENS unit, hot packs, and home exercise program. Report dated 06/09/2015 noted that the injured worker presented with complaints that included a lower backache. Pain level was 5 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). The physician documented that the increased low back pain was due to a flare up after some exercise maneuvers. Current medication regimen includes Voltaren gel, Tylenol with codeine, Lipitor, Klonopin, Adderall, and Protonix Dr. Physical examination was positive for an antalgic gait, restricted range of motion in the cervical spine, pain with cervical facet loading, tightness along the paracervical muscles bilaterally extending into the bilateral trapezius, tenderness and spasm noted in the paravertebral muscles, tight muscle band on both sides, lumbar facet loading is positive, and tenderness over the coccyx. The treatment plan included trying a soft neck collar for support, continue with chiropractic therapy and massage, home exercise program daily, continue use of Tylenol with codeine and Voltaren gel for topical pain and inflammation relief, trial of Soma 250 mg, BID PRN for muscle spasms, toxicology report is consistent, and return in 8-12 weeks or PRN. The physician noted that the medications allow the injured worker to tolerate walking, standing, and helping with some activities of daily living (ADLs). Medical report dated 11/08/2013 documented that the injured worker cannot ingest non-steroidal anti-inflammatory agents (NSAIDs) due to a prior history of a gastrointestinal bleeding. The injured

worker has tried and failed Trazadone (ineffective), Lunesta (bad taste), Lidoderm patch and Flector patches (ineffective), Silenor (ineffective), and Cymbalta (ineffective). Disputed treatments include Soma and Voltaren gel 1% gel.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Soma 250mg Qty: 60.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Carisoprodol (Soma) Page(s): 63, 65.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain." Carisoprodol (Soma) is not recommended for longer than a 2-3 week period. Documentation submitted supports that the injured worker has an acute exacerbation of pain due to exercise maneuvers, as documented in the report dated 06/09/2015. Physical examination revealed that the injured worker had findings of muscle spasms in the paravertebral muscles on physical examination. The physician prescribed a trial of Soma for muscle spasms. Therefore the request for Soma 250mg, #60 is medically necessary.

**Voltaren 1% gel Qty: 9.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics-non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, Voltaren Gel 1% (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 g per day. The submitted medical records supported that the injured worker has a history of gastrointestinal bleeding and cannot tolerate oral NSAIDs, but the submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits that the injured worker had. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living, there was no documentation of specific improvement in activities of daily living as a result of use of Voltaren gel. Medical necessity for the requested topical gel has been not established. The request for Voltaren Gel 1%, quantity 9 is not medically necessary.

