

<b>Case Number:</b>	CM13-0035027		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California, Oklahoma, Ohio, and Texas. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic left shoulder, face, eye, and hip pain associated with an industrial injury that took place on January 29, 2007. The applicant also suffers from psychological stress and depression. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, spinal cord stimulator, topical compounds, and extensive periods of time off of work. A note dated October 30, 2013 states that the applicant is consulting a neurosurgeon to consider a specific brand of a spinal cord stimulator. The applicant is on topical Ketoprofen, Ativan, Desyrel, and Cymbalta. She remains depressed, and is having difficulty sleeping. She also has a sleep disorder and a seizure disorder. She is given refills of numerous medications, including Norco, Topamax, Fexmid, Ativan, Desyrel, Prilosec, Dulcolax, Cymbalta, and topical Voltaren. It is stated, through a template, that these medications are resulting in improved performance of non-work activities of daily living. However, it is not stated precisely which activities of daily living have been ameliorated. It is further stated that the applicant undergoes trigger point injections in the clinic and is asked to obtain a different kind of spinal cord stimulator trial, physical therapy, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, topical Voltaren gel is indicated in the treatment of small joint arthritis, which lends itself toward topical treatment. In this case, the applicant has widespread foci of pain, including left arm, brachial plexus, neck, jaw, shoulder, etc. Topical Voltaren gel is not indicated in the treatment for these conditions. It is further noted that the applicant has failed to demonstrate any clear-cut evidence of functional improvement, as defined in MTUS 9792.20f, through prior usage of Voltaren or other oral and topical agents. The applicant's failure to return to any form of work, as well as her continued dependence on numerous medications, acupuncture, physical therapy, etc., implies a lack of functional improvement as defined in section 9792.20f. Therefore, the request is not certified.

**60 Fexmid 7.5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** Fexmid represents a brand of Cyclobenzaprine. Per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is not recommended as an addition to other agents. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Cyclobenzaprine to the mix is not recommended, particularly as the applicant has failed to demonstrate any functional improvement through usage of the same. Therefore, the request is non-certified.