

<b>Case Number:</b>	CM14-0106864		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/13/2002
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 43-year-old female who reported an injury on 09/17/2007. The mechanism of injury was not provided. On 06/03/2014 the injured worker presented with low back pain and bilateral hip pain. Current medications include Kadian, Cymbalta, trazodone, ibuprofen, amitriptyline, Voltaren, Norco and Lunesta. Upon examination of the lumbar spine there was tenderness to palpation over the lumbar paraspinals and left hip. The diagnoses were chronic postoperative pain, postlaminectomy syndrome of the lumbar spine, radiculitis of the lumbar, lumbago, degeneration intervertebral discs of the lumbar, pain in soft tissue of the limb, pain in the joint, pelvic and thigh region, myalgia and insomnia. The provider recommended Voltaren gel and amitriptyline. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel for left trochanteric bursitis, refill:2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controls to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints amenable for topical treatment. It is recommended for short term use, usually 4 to 12 weeks. There is lack of documentation that the injured worker has had a failed trial of antidepressants or anticonvulsants. Additionally, the provider's request for the Voltaren gel does not indicate the dose of the frequency of the medication in the request as submitted. The request for Voltaren gel for the left trochanteric bursitis is not medically necessary.

**Amitriptyline 25mg for insomnia #30 refill:2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13..

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in using analgesic medication, and sleep quality and duration. Side effects including a sensation of sedation especially those that would affect work performance should be assessed. There is lack of evidence of an objective assessment of the injured worker's detailing current deficits relating to insomnia, and the efficacy of prior treatment measures. The frequency was not provided in the request as submitted. The request for Amitriptyline 25 mg for insomnia 30 with refills 2 is not medically necessary.