

<b>Case Number:</b>	CM14-0015557		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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, Pain Medicine, and is licensed to practice in Texas and Ohio. 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 76-year-old male who reported an injury on 02/13/2013 with the mechanism of injury not provided within the documentation. In the clinical note dated 12/18/2013, the injured worker complained of middle back pain. The injured worker rated his pain at 3-4/10 and 7/10 at night with difficulty sleeping. It was noted that the injured worker had prescription Vicodin but seldom took it. In the physical examination of the lower lumbar spine, it was noted to be tender and the range of motion of the lumbar spine was noted as: flexion 40 degrees/60 degrees, extension 15 degrees/25 degrees, and lateral bending 20 degrees bilaterally/25 degrees. The active range of motion of the thoracic spine revealed: flexion 30 degrees/50 degrees and extension 20 degrees/30 degrees. The diagnoses included status post motor vehicle accident, thoracolumbar spine fracture/strain/sprain, and bilateral lateral epicondylitis secondary to PT. The treatment plan included awaiting authorization for SPECT scan, awaiting authorization for acupuncture, a prescription for 1% Voltaren gel 60 grams and 1.3% Flector patch #30 with 3 refills each, a request for a urine drug screen test to be performed at next visit for medication compliance due to the injured worker taking Vicodin, and followup in 6 weeks. Prior treatments of NSAIDs or a home exercise program was not documented within this clinical note. The Request for Authorization for Voltaren gel 60 grams, the Flector patch 1.3% #30, and a urine drug screen with rationale was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOXICOLOGY-URINE DRUG SCREEN AT NEXT APPOINTMENT FOR MEDICATION COMPLIANCE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, URINE TOXICOLOGY SCREENS, 43

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The request for toxicology/urine drug screen at next appointment for medication compliance is not medically necessary. The California MTUS Guidelines state that drug testing is recommended as an option, using a drug screen to assess for the use or presence of illegal drugs. In the clinical notes provided for review, there was a lack of evidence of the injured worker having any aberrant behaviors to warrant a urine drug screen. It was noted in the documentation that the injured worker stated he seldom used Vicodin. Therefore, the request for toxicology/urine drug screen at next appointment for medication compliance is not medically necessary.

**MEDICATION-TOPICAL VOLTAREN GEL 50 GRAMS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112

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

**Decision rationale:** The request for medication topical Voltaren gel 50 grams is not medically necessary. The California MTUS Guidelines state that topical analgesics are recommended as an option. However, they are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or a combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, A-adrenergic agonists, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$ -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Voltaren gel is indicated for relief of osteoarthritis, pain, and joints that lend themselves to topical treatment (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 grams per day (8 grams per joint per day in the upper extremity, and 16 grams per joint per day in the lower extremity). In the clinical notes provided for review, there was a lack of documentation for the rationale for the use of Voltaren gel. It was noted that the injured worker

only took Vicodin for severe pain, but no other conservative treatments were documented. Furthermore, the guidelines do not recommend the use of Voltaren gel for the treatment of the spine, hip, or shoulder. Therefore, the request for medication topical Voltaren gel 50 grams is not medically necessary.

**MEDICATION-TOPICAL 1.3% FLECTOR PATCHES QUANTITY: 30 REFILLS: 3:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112

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

**Decision rationale:** The request for medication topical 1.3% Flector patches #3, refills 3, are not medically necessary. The California MTUS Guidelines state that topical analgesics are recommended as an option. However, they are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Flector patches are indicated for relief of osteoarthritis, pain, and joints that lend themselves to topical treatment (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 grams per day (8 grams per joint per day in the upper extremity, and 16 grams per joint per day in the lower extremity). In the clinical notes provided for review, there was a lack of documentation for the rationale for the use of Flector patches. Furthermore, the guidelines do not recommend the use of Flector patches for the treatment of the spine, hip, or shoulder. Therefore, the request for medication topical 1.3% Flector patches #3, refills 3, are not medically necessary.