

<b>Case Number:</b>	CM14-0150465		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine 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 patient is a 62-year-old female who has submitted a claim for cervical facet syndrome, cervical pain, myofascial/fibromyofascial, and muscle spasm associated with an industrial injury date of 10/4/2011. Medical records from 11/5/2013 up to 9/4/2014 were reviewed showing complains of bilateral neck, cervical region, and thoracic region pain. She rated her pain 7-8/10 in severity. The patient stated that her medications were not effective. Review of symptoms did not reveal presence of headaches. Cervical spine examination showed restricted lateral bending with pain. There were paravertebral spasms, tenderness, and tight muscle band on both sides. Spurling's maneuver caused radicular symptoms (RC6). Facet loading was positive. Thoracic spine movements were painful with left lateral bending. Movement caused shooting pain around extending to anterior chest. There was rib tenderness. Treatment to date has included Fioricet (since at least 11/5/2013), Flector, Nucynta, and Motrin. Utilization review from 9/15/2014 modified the request for Voltaren gel 100gm (tube) #10 to #2 and Fioricet #60 to #30. The requests for Acupuncture, qty: 6, MRI of the lumbar spine, qty: 1, and Occipital nerve block, qty: 1 were denied. Regarding Voltaren, this was modified to allow for 100gm with a refill to help control the patient's pain. Regarding Fioricet, this was modified to allow the patient to take these intermittently for headaches when they occur. Regarding Acupuncture, the patient is still in the process of diagnostic work-up and it is unclear if this will be necessary based on the results of testing. Regarding the MRI of the lumbar spine, the majority of the patient's symptoms pertained to the cervical spine. Regarding the Occipital nerve block, the patient does not appear to be having symptoms referable to the greater occipital nerve. Headaches appear to be a minor aspect of her symptomatology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 100gm (tube) #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** According to page 111-112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, it is unclear when the patient started using Voltaren. The patient complains of bilateral neck, cervical region, and thoracic region pain. She rated her pain 7-8/10 in severity. The patient stated that her medications were not effective. However, there was no evidence of osteoarthritis in the history, physical examination, and diagnostics. In addition, the targeted body part was not indicated in this request. Therefore, the request for Voltaren gel 100gm (tube) #10 is not medically necessary.

**Floriset #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesics (BCAs) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Floriset, Barbiturate-Containing Analgesics (BCAs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Page(s): 23.

**Decision rationale:** Fioriset contains butalbital, acetaminophen, and caffeine. As stated on page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesic agents are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, the patient has been taking Fioriset since at least 11/5/2013. The patient complains of bilateral neck, cervical region, and thoracic region pain. She rated her pain 7-8/10 in severity. The patient stated that her medications were not effective. The patient did not report any headaches. However, the use of this medication is not recommended for chronic pain. In addition the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. Therefore the request for Fioriset #60 is not medically necessary.

**Acupuncture, qty: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient complains of bilateral neck, cervical region, and thoracic region pain. She rated her pain 7-8/10 in severity. The patient stated that her medications were not effective. However, there was no documentation that the patient's medications were reduced, not tolerated, or that she is undergoing physical therapy or surgical intervention. In addition, the targeted body part and duration were not indicated. Therefore, the request for Acupuncture, qty: 6 is not medically necessary.

**MRI of the lumbar spine, qty: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, the patient complains of bilateral neck, cervical region, and thoracic region pain. She rated her pain 7-8/10 in severity. The patient stated that her medications were not effective. Cervical spine examination showed restricted lateral bending with pain. There were paravertebral spasms, tenderness, and tight muscle band on both sides. Spurling's maneuver caused radicular symptoms (RC6). Facet loading was positive. Thoracic spine movements were painful with left lateral bending. Movement caused shooting pain around extending to anterior chest. There was rib tenderness. There was no significant evidence of lumbar involvement. Therefore, the request for MRI of the lumbar spine, qty: 1 is not medically necessary.

**Occipital nerve block, qty: 1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Greater Occipital Nerve Block

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Greater Occipital Nerve Block, Therapeutic

**Decision rationale:** CA MTUS does not specifically address occipital nerve blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In addition, the mechanism of action is not understood, nor is there a gold-standard methodology for injection delivery. In this case, the patient complains of bilateral neck, cervical region, and thoracic region pain. She rated her pain 7-8/10 in severity. The patient stated that her medications were not effective. However, the patient did not complain of any headaches. In addition, there is little evidence that the block provides sustained relief and is under study. Therefore, the request for Occipital nerve block, qty: 1 is not medically necessary.