

<b>Case Number:</b>	CM13-0036082		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/01/2005
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 39 year old male, who sustained an industrial injury on 04/01/2005. He has reported subsequent neck and low back pain. The diagnoses have included low back pain, chronic pain syndrome and spinal/lumbar degenerative disc disease. Treatment to date has included oral and topical pain medication, application of heat and ice and a home exercise program. The medical documentation submitted is minimal and consists only of PR2's from 10/25/2012, 01/15/2013 and 08/30/2013, lab results, prescriptions and a pain evaluation. Currently the IW complains of worsening neck and lower back pain that was rated as an 8/10 and was affecting the IW's quality of sleep. The IW's quality of life was noted to have worsened due to increased pain. Voltaren Gel and Norco were chronic medications since at least 10/25/2012. The IW reported that medications were effective but that more medication was needed recently due to increased pain. No side effects were reported and there was no evidence of medication dependency or abuse. A trial of Diclofenac/Baclofen/Gabapentin/Imipramine /Nifedipine/Tetracaine topical cream was requested as the physician noted that the IW had stomach problems which precluded the use of oral NSAID's. The physician also requested an increase in the quantity of Norco due to increased pain and a refill of Voltaren Gel. On 10/04/2013, Utilization Review non-certified requests for Diclofenac/Baclofen /Gabapentin/Imipramine/Nifedipine/Tetracaine topical cream and Voltaren Gel noting that Voltaren Gel had not been evaluated for treatment of the spine, hip or shoulder, the use of topical analgesics was largely experimental and safety and efficacy had not been determined. The UR physician partially certified the request for Norco, modifying the request for

Norco from 10/325 mg 1-2 every 4-6 hours as needed #210 to Norco 10/325 mg 1-2 every 4-6 hours as needed #180. The UR physician noted that the IW was taking too many short acting opioids and recommended a switch to a long acting opioid. MTUS, ACOEM and ODG guidelines were cited.

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

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

**Voltaren 1% gel #5:** 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): 111-113..

**Decision rationale:** Per the MTUS, Voltaren gel 1% (diclofenac) is an FDA approved agent for topical use. It is indicated for use in joints that lend themselves to topical treatment like ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. A review of the injured workers medical records show that his main complaints are neck and low back pain, therefore based on the injured workers clinical presentation and the guidelines the request for Voltaren 1% gel #5, is not medically necessary.

**Norco 10-325mg tablet #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96..

**Decision rationale:** Per the MTUS, patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia) a change in pain pattern, or persistence of pain at higher levels than expected. Opioids in this case actually increase rather than decrease sensitivity to noxious stimuli, and it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. a review of the injured workers medical records show that he has had a change in his pain pattern which may represent hyperalgesia and require weaning. Therefore based on the injured workers clinical presentation and the guidelines the request for Norco 10-325mg tablet #210 is not medically necessary.

**Diclofenac/Baclofen/Gabapentin/Imipramine/Nifedipine/Tetracaine topical cream:** 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): 111-113..

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug class that is not recommended is not recommended. Per the MTUS both Baclofen and Gabapentin are not recommended for topical use and there is little research to support the use of all the other medications in the compounded topical cream except Diclofenac. therefore based on the guidelines the request for Diclofenac/Baclofen/Gabapentin /Imipramine/Nifedipine /Tetracaine topical cream is not medically necessary.