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| <b>Case Number:</b>   | CM15-0006464 |                              |            |
| <b>Date Assigned:</b> | 01/26/2015   | <b>Date of Injury:</b>       | 10/19/2006 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 12/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 62 year old male with an industrial injury dated 10/19/2006 resulting in low back and rib pain (fractures). The mechanism of injury is not documented. On 12/05/2014 he presented for follow up complaining of bilateral rib pain rated 8/10 and low back pain rated 7/10. Diagnoses were closed rib fractures, lumbar sprain/strain and lumbar discogenic syndrome. Prior treatment included diagnostics, medications, TENS unit and acupuncture. On 12/17/2014 Utilization Review non-certified the request for Tylenol # 3 # 30 however it was given a partial certification of Tylenol # 3 # 15 weaning. MTUS was cited. The request for Voltaren 1% gel and Omeprazole 20 mg were non - certified. Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. VOLTAREN (DICLOFENAC) (RECOMMENDED FOR OA) MTUS specifically states for Voltaren Gel 1% (diclofenac) that is indicated for relief of osteoarthritis pain in 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. Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for rib pain and lumbar sprain/strain. As such, the request for Voltaren Gel 1% #1 is not medically necessary.

**Tylenol #3 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Pain, (Tylenol with Codeine 1/2)

**Decision rationale:** MTUS and ODG state regarding codeine, Recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. ODG further states regarding opioid usage, Not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED). The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. The UR modified to allow for a wean which is appropriate. As such, the request for Tylenol with Codeine is not medically necessary.