

<b>Case Number:</b>	CM15-0185934		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California

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:

This injured worker is a 41 year old male who reported an industrial injury on 6-25-2008. His diagnoses, and or impressions, were noted to include: residual scarring versus chronic nerve damage at left cervical 6; status-post cervical decompression with fusion surgery, with residuals of neck and arm pain on the left; transitional syndrome with stenosis and cervical disc protrusion; and acute exacerbation, sprain-strain, status post multiple surgeries. No current imaging studies were noted. His treatments were noted to include: cervical nerve root block on 5-25-2015 with 30% improvement; medication management; and rest from work. The progress report of 8-4-2015 reported: constant headaches, constant neck pain rated 5 out of 10, with radiation to the shoulders and down the bilateral upper extremities, left > right, with associated numbness-tingling; constant mid-back pain rated 3-4 out of 10, and constant low back pain rated 3 out of 10, with radiation to the buttocks and down the bilateral lower extremities, with associated numbness-tingling; and of taking medications which included Voltaren XR and Fiorinal. The objective findings were noted to include: improved cervical range-of-motion; weakness in the left biceps and wrist extensor motor groups; and slight sensory deficit over the left cervical 6 dermatomes. The physician's requests for treatment was noted to include Voltaren (Diclofenac ER) 100 mg, 1 daily, #30; and Fiorinal (Butalbital) 1 every 4 hours as needed for headaches, #60. The Request for Authorization, dated 8-4-2015, was noted to include Voltaren XR and Fiorinal. The Utilization Review of 8-21-2015 non-certified a request for Voltaren XR (Diclofenac ER) 100 mg 1 tab daily, #30; and Fiorinal (Butalbital) 1 tab every 4 hours as needed for headaches, #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Fiorinal (Butalbital) #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Fiorinal for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, despite long-term use, there is no evidence of objective functional improvement or significant pain relief with the use of Fiorinal. The request for Fiorinal (Butalbital) #60 is not medically necessary.

### **Voltaren XR (Diclofenac ER) 100 mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no evidence of objective functional improvement with the prior use of this medication. The request for Voltaren XR (Diclofenac ER) 100 mg #30 is not medically necessary.