

<b>Case Number:</b>	CM15-0081694		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 55-year-old female, who sustained an industrial injury on July 30, 2002. The injured worker was diagnosed as having laminectomy syndrome, failed back syndrome and carpal tunnel syndrome. Treatment and diagnostic studies to date have included topical and oral medication and magnetic resonance imaging (MRI). A progress note dated March 13, 2015 provides the injured worker complains of increased thumb pain. She rates her pain 5/10 and sometimes 9/10. She reports a 20% increase in pain and was seen in the emergency department due to leg pain. Magnetic resonance imaging (MRI) was done and she was given Percocet. There is no change in function or status since previous visit. Physical exam notes positive Finkelstein test of bilateral wrists. There is lumbar tenderness with positive right leg raise test and decreased sensation. The plan includes Voltaren gel and Medrol dose pack.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel #2 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical/ non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) 1% gel #2 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are status post laminectomy syndrome lumbosacral spine; s/p surgery L/S; failed back syndrome; and carpal tunnel syndrome. According to a February 13, 2015 progress note, Voltaren gel was prescribed for the first time. The gel was to be applied to the thumbs bilaterally twice daily. Subjectively there was no indication or documentation of neuropathic symptoms or signs. Objectively, the physical examination is limited to a Finkelstein test. There are no clinical findings referable to the thumbs or carpal metacarpal joints. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. There is no documentation of osteoarthritis or osteoarthritis pain in the "thumb". Consequently, absent clinical documentation osteoarthritis pain involving the thumb (or related joints), objective clinical documentation of the thumb and evidence of failed first-line treatment, Voltaren (Diclofenac) 1% gel #2 is not medically necessary.

**Medrol 4m Dose Pack #1 with no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Low Back Chapter, Oral corticosteroids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Oral corticosteroids.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Medrol 4 mg dose pack #1 is not medically necessary. Oral corticosteroids are not recommended for chronic pain except polymyalgia rheumatic. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their adverse effects they should be avoided. In this case, the injured worker's working diagnoses are status post laminectomy syndrome lumbosacral spine; s/p surgery L/S; failed back syndrome; and carpal tunnel syndrome. The documentation, according to a March 13, 2015 progress note, does not contain a clinical indication or rationale for Medrol dose pack. The documentation does not contain any discussion of Medrol in the March 13, 2015 progress note. Medrol is not indicated for chronic pain. Consequently, absent clinical documentation with a clinical indication and rationale for Medrol dose pack, Medrol 4 mg dose pack #1 is not medically necessary.