

Case Number:	CM15-0128137		
Date Assigned:	07/15/2015	Date of Injury:	05/03/2010
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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 63-year-old male, who sustained an industrial injury on 5/3/10. The injured worker was diagnosed as having headache, left knee osteoarthritis, and greater occipital neuralgia, lumbar degenerative disc disease with radiculopathy, tremor/rigidity, and myofascial spasm. Treatment to date has included shoulder surgery in November 2010, Botox injections, and medication. The injured worker had been using Voltaren gel since at least 1/16/15. Currently, the injured worker complains of headaches, knee pain, and back pain. The treating physician requested authorization for Voltaren gel 1% 300g with 12 refills and Fioricet #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 300 grams with 12 refills: Upheld

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

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 gel (Diclofenac gel) 1%, 300 g with 12 refills 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 chronic low back pain, degenerative lumbar spondylosis; chronic low back pain, myofascial pain syndrome; pain disorder with psychological/general medical condition; insomnia, persistent due to chronic pain; and post concussion syndrome, head injury. The date of injury is May 3, 2010. The request for authorization is June 17, 2015. According to a May 8, 2015 progress note, subjective complaints include chronic low back pain secondary to degenerative spondylosis and headaches. Medications include Imitrex, Fioricet and Voltaren gel. 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. The area to be treated is not documented in the medical record. Additionally, there is no documentation of osteoarthritis pain in a joint that lends itself to topical treatment. There are no diagnoses supporting osteoarthritis. Consequently, absent clinical documentation with a clinical indication for diclofenac gel, the area for application and documentation demonstrating objective functional improvement to support ongoing diclofenac, Voltaren gel (Diclofenac gel) 1%, 300 g with 12 refills is not medically necessary.

Fiorcet #30: Upheld

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

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, Fioricet.

Decision rationale: Pursuant to the Official Disability Guidelines, Fioricet #30 is not medically necessary. Barbiturate containing analgesic agents (butalbital) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. In this case, the injured worker's working diagnoses are chronic low back pain, degenerative lumbar spondylosis; chronic low back pain, myofascial pain syndrome; pain disorder with psychological/general medical condition; insomnia, persistent due to chronic pain; and post concussion syndrome, head injury. The date of injury is May 3, 2010. The request for authorization is June 17, 2015. According to a May 8, 2015 progress note, subjective complaints

include chronic low back pain secondary to degenerative spondylosis and headaches. Medications include Imitrex, Fioricet and Voltaren gel. The guidelines do not recommend butalbital for chronic pain. Barbiturate containing analgesic agents (butalbital) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show clinically important enhancement of analgesic efficacy of BCA's due to the barbiturate constituents. Consequently, absent guideline recommendations for Fioricet, Fioricet #30 is not medically necessary.