

Case Number:	CM15-0126102		
Date Assigned:	07/10/2015	Date of Injury:	03/04/2014
Decision Date:	10/06/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial injury on 03/04/2014. There was no mechanism of injury documented. The injured worker was diagnosed with cervical spine sprain/strain, cervical spine degenerative disc disease, left shoulder rotator cuff tear, left shoulder bursitis, lumbar spine herniated nucleus pulposus, lumbar degenerative disc disease, lumbar facet arthropathy, bilateral knee internal derangement, tear and osteoarthritis. There were no surgical interventions documented. Treatment to date has included diagnostic testing and medications. According to the primary treating physician's progress report on May 13, 2015, the injured worker continues to experience neck, bilateral shoulder, lower back, and bilateral knee pain. The injured worker also reports pain, numbness and tingling radiating to the feet. The injured worker rates her pain level at 7-8/10. Examination of the cervical spine demonstrated tenderness to palpation over the cervical paraspinal muscles bilaterally with 15-20 degrees decrease in active range of motion in all planes. The bilateral shoulder noted tenderness to palpation at the upper trapezius and rhomboid muscles with active range of motion decreased bilaterally and greater on the left side. Sensation to pinprick and light touch is diminished over the C5 through T1 dermatomes with 4/5 motor strength in the muscle groups in the bilateral upper extremities. Deep tendon reflexes and pulses were within normal limits. Examination of the lumbar spine demonstrated tenderness to palpation at paraspinal muscles and over the lumbosacral junction with range of motion noted at 45 degrees flexion and 20 degrees at extension and bilateral lateral flexion. The bilateral knees were tender to palpation over the medial and lateral joint lines and patellofemoral joint bilaterally with decreased range of motion

greater on the left side than right. No ligament instability was noted and varus/valgus stress testing was negative bilaterally. Decreased sensation to pinprick and light touch was demonstrated at L4-S1 dermatomes bilaterally with motor strength at 4/5 in the bilateral lower extremities. Deep tendon reflexes and pulses were within normal limits. Current medications are listed as Dicopanol Diphenhydramine, Fanatrex, Synapryn and Tabradol oral suspension, Cyclobenzaprine and Ketoprofen topical analgesics. The injured worker is on temporary total disability (TTD). Treatment plan consists of Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral upper and lower extremities, X-rays and magnetic resonance imaging (MRI) of the right shoulder, Functional Capacity Evaluation (FCE), physical therapy, chiropractic therapy, acupuncture therapy, extracorporeal shockwave therapy for the right shoulder and the current request for Ketoprofen 20% cream, Cyclobenzaprine 5% cream, Synapryn 10mg/ 1ml oral suspension, Tabradol 1mg/ml oral suspension, Deprizine 15mg/ml oral suspension, Dicopanol Diphenhydramine 5mg/ml oral suspension and Fanatrex Gabapentin 25mg/ml oral suspension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167gm 3x/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketoprofen is specifically not recommended. It is not currently an FDA-approved as a topical analgesic. Ketoprofen has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentration and a systemic effect comparable to those oral formulations and should not be used with in conjunction with oral NSAIDs due to increased risk. Therefore, the request is not medically necessary or appropriate.

Cyclobenzaprine 5% cream 110gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. In this case, the request is for Cyclobenzaprine (Flexeril) cream. Cyclobenzaprine is a muscle relaxant that is specifically not recommended for topical use. Therefore the request is not medically necessary or appropriate.

Synapryn 10mg/ 1ml oral suspension 500ml 1tsp 3x/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). Synapryn is a combination of Tramadol and glucosamine given for moderate to severe pain. For the ongoing use of opioids, there should be ongoing review and quantitative documentation of pain relief, functional improvement, appropriate use, side effects and lack of aberrant behavior. In this case, there is no documentation submitted fulfilling these criteria. Glucosamine is supported in the use of painful osteoarthritis of the knee however there is no documentation of this condition. There is also no rationale for an oral suspension as opposed to oral tablets/capsules. Therefore the request is not medically necessary or appropriate.

Tabradol 1mg/ml oral suspension 250ml 1tsp 2-3 x/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines support the use of non-sedating muscle relaxants like Cyclobenzaprine as a second line treatment for short-term use (2-3 weeks) in exacerbations of chronic low back pain. Cyclobenzaprine is a sedating muscle relaxant which in this case is being utilized for long-term use. Cyclobenzaprine is not indicated for long-term use. There is also no documentation of why this patient requires a compounded oral suspension and therefore is not medically necessary.

Deprizine 15mg/ml oral suspension 250 2 tsp daily: 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): Non-prescription medications.

Decision rationale: Deprizine contains Ranitidine, which is an H2-blocker used for treatment of GI symptoms such as GERD, PUD and reflux esophagitis. In this case, there is no medical rationale given for the use of Deprizine. There are no GI issues documented in the medical records to support the use of Deprizine. The documentation also does not support why a compounding kit is needed rather than standard oral tablets/capsules. Therefore the request is not medically necessary or appropriate.

Dicopanor Diphenhydramine 5mg/ml oral suspension 150ml 1ml po at bedtime: 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 Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Non-prescription medications.

Decision rationale: Dicopanor is an over-the-counter formulation of diphenhydramine (Benadryl) which can be recommended for insomnia. In this case, there is no evidence that the patient is suffering from insomnia or another medical condition to support its use. There is no medical rationale for its use. There is also no rationale for the use of a compounding kit rather than the traditional oral/tablet formulations. Therefore the request is not medically necessary or appropriate.

Fanatrex Gabapentin 25mg/ml oral suspension 420ml 1 tsp tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: CA MTUS Guidelines support the use of Fanatrex (Gabapentin) as a first-line agent for neuropathic pain. Gabapentin has been shown to be effective for treatment of painful diabetic neuropathy and postherpetic neuralgia. In this case the patient does not have documented neuropathic pain or the above noted conditions. There is also no rationale provided for the use of a compounding kit when standard tablets. Capsules are readily available and efficacious. Therefore the request is not medically necessary or appropriate.