

Case Number:	CM13-0004562		
Date Assigned:	09/12/2014	Date of Injury:	05/03/2012
Decision Date:	10/20/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 44-year-old male with date of injury 05/02/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/13/2013, lists subjective complaints as pain in the left knee and left ankle. Objective findings: Left knee: Tenderness to palpation over the medial and lateral joint line. Active range of motion was reduced in all planes. McMurray's and Lachman's tests were positive on the left. Left ankle: Tenderness to palpation over the anterior ligament. Active range of motion was decreased in all planes. Anterior drawer, posterior drawer, and varus/vargus stress tests were all positive. Sensation to pinprick and light touch is slightly diminished over the L4, L5, and S1 dermatomes. Motor strength in the left lower extremity was slightly decreased secondary to pain. Diagnosis: 1. Left ankle sprain/strain 2. Tarsal tunnel syndrome 3. Mood disorder 4. Sleep disorder 5. Anxiety. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as one year. Medications: 1. Ketoprofen 20% cream 120gm2. Cyclophene 5% cream 120gm3. Fanatrex 25mg/ml oral suspension 420ml4. Dicopanol 5mg/ml oral suspension 150ml5. Deprizine 5mg/ml oral suspension 250ml6. Trabradol 1mg/ml oral suspension 250ml7. Synapryn 10mg/ml oral suspension 500mlNo SIG provided for the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20 - 9792.26, Page(s): 111-112.

Decision rationale: The compound contains ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and is not recommended by the MTUS. Therefore, Ketoprofen 20% cream 120gm is not medically necessary.

Cyclophene 5% cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 111-113.

Decision rationale: Cyclophene 5% cream is cyclobenzaprine hydrochloride topical cream. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Therefore, Cyclophene 5% cream 120gm is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml: 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 9792.20 - 9792.26, Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Therefore, Gabapentin is not medically necessary.

Dicopanol 5mg/ml oral suspension 150ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment

Decision rationale: The Official Disability Guidelines state that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine, and promethazine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Diphenhydramine has been shown to build tolerance against its sedation effectiveness very quickly, with placebo-like results after a third day of use. Due to adverse effects, the U.S. National Committee for Quality Assurance (NCQA) has included diphenhydramine in the HEDIS (Healthcare Effectiveness Data and Information) recommended list of high-risk medications to avoid in the elderly. Therefore, Dicopanol 5mg/ml oral suspension 150ml is not medically necessary.

Deprizine 5mg/ml oral suspension 250ml: 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 9792.20 - 9792.26, Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor ranitidine. Therefore, Deprizine 5mg/ml oral suspension 250ml is not medically necessary.

Trabradol 1mg/ml oral suspension 250ml: 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 9792.20 - 9792.26, Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for at least 12 months, long past the recommended 2-3 weeks by the MTUS. Cyclobenzaprine is not medically necessary.

Synapryn 10mg/ml oral suspension 500ml: 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 9792.20 - 9792.26 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Therefore, Synapryn 10mg/ml oral suspension 500ml is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 43.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that previous urine drug screen had been used for any of the above indications. Therefore, Urine drug screen is not medically necessary.