

<b>Case Number:</b>	CM13-0008688		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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:

The patient is a 29-year-old female who reported injury on 05/18/2012. The patient stated that the injury occurred as she was buckling a passenger into a wheelchair onto the bus. This is when the patient felt a pull in the right knee. The patient was noted to have undergone physical therapy, an MRI, and was given a cane. The physical examination of the right knee revealed the patient had 1+ effusion and tenderness to palpation over the patellofemoral joint. The patient was noted to have 120 degrees of flexion, and -5 degrees of extension. In addition, the patient was noted to have a positive Apley's compression test. The patient's myotomes at L2-S1 were noted to be decreased in the right lower extremity secondary to pain. The patient's deep tendon reflexes were noted to be 2+ and symmetrical in the bilateral lower extremities. The patient's sensation was noted to be intact to pinprick and light touch at L4, L5, and S1 dermatomes bilaterally. The patient's diagnosis was noted to include a right knee internal derangement. The request was made for an MRI, a cane, and multiple medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter MRI.

**Decision rationale:** Official Disability Guidelines recommend repeat MRIs post-surgically if needed to assess knee cartilage repair tissue. On 06/04/2013 the patient was noted to have had an MRI of the right knee without contrast which revealed a myxoid degeneration involving the posterior third of the medial meniscus. There was no evidence of a medial meniscal tear as well as no evidence of internal derangement and the lateral meniscus was noted to be intact. The orthopedic evaluation on 06/21/2013 revealed the patient had pain about the retropatellar region and in the medial joint line of the knee. The patient was noted to have medial and lateral patella facet tenderness, as well as medial joint line tenderness. Examination on 07/01/2013 revealed the patient had pain of 5/10 on the pain scale. The patient was noted to have 1+ effusion and tenderness to palpation over the patellofemoral joint. The Apley's compression test was noted to be positive. While it was noted the request was for an MRI of the knee, there was a lack of findings to support the necessity for a repeat MRI of the knee. The request as it was submitted was for 1 MRI but did not include the specific documentation of a body part. Given the above and the lack of documentation per the submitted request, the request for 1 MRI between is not medically necessary.

**One (1) cane:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, and Walking Aids.

**Decision rationale:** Official Disability Guidelines indicates that cane use in conjunction with a slow walking speed, lowers the ground reaction force and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with osteoarthritis (OA). Clinical documentation submitted for review indicated the patient had a cane. There was a lack of documentation indicating the necessity for a second cane. Additionally, there was a lack of documentation indicating the patient had the necessity for a cane as her gait was noted to be normal on the 06/21/2013 examination date. Given the above, the request for 1 cane between 07/01/2013 and 08/31/2013 is not medically necessary.

**One (1) prescription of compound Ketoprofen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Ketoprofen Page(s): 111; 113.

**Decision rationale:** California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. Clinical documentation failed to provide exceptional factors to warrant nonadherence to FDA Guidelines and California MTUS Guidelines. There was a lack of documentation of the quantity being requested. Given the above, the request for 1 prescription of compounded ketoprofen is not medically necessary.

**One (1) prescription of compound Cyclophene: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Cyclobenzaprine Page(s): 111; 113.

**Decision rationale:** California MTUS indicates topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and 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. Cyclobenzaprine is not recommended topically. Clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to guideline recommendations. Additionally, there was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for 1 prescription of compounded Cyclophene is not medically necessary.

**One (1) prescription of Synapryn: 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 Glucosamine Sulfate; Ongoing Management; Tramadol and Synapryn online drug insert. Page(s): 50;.

**Decision rationale:** California MTUS Guidelines recommend Tramadol for pain; however it does not recommend it as a first-line oral analgesic. California MTUS guidelines recommend Glucosamine Sulfate for patients with moderate arthritis pain especially, knee osteoarthritis and that only one medication should be given at a time. Synapryn, per the online package insert included tramadol and glucosamine sulfate. California MTUS Guidelines recommend documentation of the 4 A's for ongoing management for patients with chronic pain on opioids. This documentation includes the patient's analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review failed to provide the necessity for an oral suspension which included Tramadol and Glucosamine Sulfate and

failed to include exceptional factors to warrant nonadherence to guideline recommendations. The patient's diagnoses did not include osteoarthritis and documentation failed to include documentation of the 4 A's to support ongoing use. There was a lack of documentation indicating the quantity of Synapryn being requested. Given the above, the request for 1 prescription of Synapryn is not medically necessary.

**One (1) prescription of Deprizine: 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 NSAIDs Page(s): 69.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines recommends Histamine 2 blockers for treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication Deprizine includes ranitidine which is a Histamine 2 blocker and can be used for the treatment of dyspepsia. Clinical documentation submitted for review failed to indicate the patient had signs and symptoms of dyspepsia. It failed to provide the efficacy of the requested medication. Additionally, it failed to indicate a quantity of Deprizine being requested. Given the above, the request for 1 prescription of Deprizine is not medically necessary.

**. One (1) prescription of Dicopanol: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, and National Guideline Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Dicopanol>.

**Decision rationale:** Per Drugs.com, Dicopanol is diphenhydramine hydrochloride and noted that this drug has not been found by the FDA to be safe and effective and the labeling has not been approved by the FDA. There was a lack of documentation indicating the quantity of Dicopanol being requested. There was a lack of documentation of exceptional factors to warrant nonadherence to FDA regulations. Given the above, the request for 1 prescription of Dicopanol is not medically necessary.

**One (1) prescription of Fanatrex: 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 Gabapentin; Drugs.com. Page(s): 16.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS guidelines indicate that Gabapentin is used in the treatment of neuropathic pain. Per drugs.com, Fanatrex is noted to be an oral suspension of Gabapentin and has not been found to be FDA safe and effective and the labeling has not been approved by the FDA. Given the above, and the lack of documentation of exceptional factors to warrant non-adherence to FDA guidelines, the request for prescription for Fanatrex is not medically necessary.