

Case Number:	CM13-0009045		
Date Assigned:	10/11/2013	Date of Injury:	08/23/2012
Decision Date:	01/22/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/09/2013

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 Orthopedic Surgery, and is licensed to practice in New Jersey, Pennsylvania, and 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 49-year-old individual injured in a work related accident on 8/23/12, sustaining injury to the right upper extremity and forearm. On 7/18/13, [REDACTED] diagnosed the patient with right forearm strain, right wrist sprain/complaint of carpal tunnel, mood disorder, sleep disorder, anxiety, and stress. The patient uses a tennis elbow brace for the forearm, with tenderness to palpation over the flexor and extensor muscles, and a wrist examination showing tenderness to palpation of the carpal tunnel and first dorsal extensor muscle compartment. There was a positive Tinel's test and positive Finkelstein's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10 mg / 1ml 500 ml: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs (non-steroidal anti-inflammatory drugs) .

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the use of Synapryn would appear warranted. The claimant has muscular flare in the form of de Quervain's tenosynovitis and lateral epicondylitis to the elbow based on recent clinical

assessment. The role of this nonsteroidal medication would appear to be medically necessary given the claimant's current diagnosis and clinical exam findings.

Tabradol 1mg/ml oral suspension, 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle relaxants (for pain) .

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, the continued role of muscle relaxants in the form of Tabradol would not be supported here. Muscle relaxants are only recommended as a second-line short-term option for acute exacerbation of pain complaints. Given the claimant's chronic complaints at present, the continued role of short acting muscle relaxants in the clinical setting would not be indicated

Ketoprofen 20% in Pluronic Lecithin Oranogel (PLO gel), 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen would not be supported. California Guidelines specifically state that Ketoprofen is non-FDA-approved for topical application, and there would be nothing to indicate that it should be used for this purpose at present. This specific request would not be supported.

Cyclophane 5% in Pluronic Lecithin Oranogel (PLO gel), 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the topical use of compound Cyclophane would not be supported. Topical compounded agents are noted to be largely experimental, with few minimized clinical trials to determine their efficacy or safety. The role of this agent would not be indicated given the claimant's current diagnosis and lack of guidelines support for the topical agent in question.

Deprizine 5mg/ml oral suspension, 150 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms, and cardiovascular risk..

Decision rationale: Based on the California MTUS Chronic Pain Guidelines, the continued role of Deprizine, a gastrointestinal (GI) protective agent, would not be indicated. Guideline criteria for use of risk with gastrointestinal event would include age greater than 65, history of peptic ulcer, GI bleeding, perforation, and concordant use of aspirin, corticosteroid, anticoagulants, or high doses of multiple non-steroids. This claimant fails to meet any the clinical criteria for which a protective GI agent would be indicated, thus this specific request at this time would not be supported.

Dicopanol 5mg/ml oral suspension, 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

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

Decision rationale: The California MTUS Guidelines are silent on this issue; however, when looking at the Official Disability Guidelines, the role of Dicopanol, an insomnia agent, would not be supported. The clinical records do not indicate that the claimant has met clinical criteria for diagnosis of insomnia or associated treatment of insomnia. The role of this sedating agent would not be indicated at present based on the claimant's current clinical findings.

Fanatrex 25mg/ml oral suspension, 420 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Gabapentin. .

Decision rationale: Based on the California MTUS Chronic Pain Medical Treatment Guidelines, the role of Fanatrex, a brand of Gabapentin, would not be indicated. Recent clinical assessment included a forearm strain consistent with lateral epicondylitis and de Quervain's tenosynovitis; however, the claimant's clinical records do not give a diagnosis of neuropathic pain. This specific request of this first line treatment for neuropathic pain would not be indicated at present.