

Case Number:	CM13-0017146		
Date Assigned:	04/23/2014	Date of Injury:	02/08/2012
Decision Date:	07/23/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/27/2013

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 Orthopaedic Surgery, 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:

This 50-year-old male sustained an industrial injury 2/8/12. Injury occurred when a machine got stuck on cement and hit the patient in the abdomen. Past medical history was positive for surgery for a gunshot wound to the abdomen. Diagnoses included internal derangement of the knee and abdominal pain, rule-out hernia. The 8/4/13 treating physician progress report cited subjective complaints of constant moderate to severe abdominal and right knee pain. Medications offered temporary pain relief and improved his ability to have restful sleep. Pain was also alleviated by activity restrictions. Abdominal exam documented right lower quadrant well-healed scar with mild tenderness, no rigidity and normal active bowel sounds. Right knee exam documented pain with heel walk, squat to 30%, slight effusion, medial joint line tenderness, right knee range of motion 0-125 degrees, and positive McMurray's. The 8/2/13 left knee MRI impression documented oblique tear of the posterior horn of the medial meniscus, partial thickness tear of the anterior cruciate ligament, tricompartmental osteoarthritis, and joint effusion. The 8/9/13 utilization review denied the request for compounded topical and oral suspension medications based on the absence of documented indications for use and/or lack of guideline support. Physical therapy was denied as it was unclear what condition was being treated and the request did not conform to a fading treatment frequency. Chiropractic to the right knee was denied as guidelines did not recommend manipulation in knee conditions and the request far exceeds treatment recommendations in general. Urinalysis was denied as the indications were not clear and the patient was not taking any narcotic medication. The ultrasound of the abdomen was denied as there was no indication why it was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED KETOPROFEN 20% IN PLO GEL 120GM: 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 rationale: Under consideration is a request for compounded Ketoprofen 20% in PLO gel 120 gm. The California MTUS indicates that Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis Guidelines indicate that efficacy in clinical trials of non-steroidal anti-inflammatory agents has been inconsistent and most studies are small and of short duration. Given the absence of guideline support for the topical use of Ketoprofen, the request Ketoprofen 20% in PLO gel 120 gm is not medically necessary.

COMPOUNDED CYCLOPHENE 5% IN PLO GEL 120GM: 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 rationale: Under consideration is a request for compounded Cyclophene 5% in PLO gel 120 gm. This compound medication contains cyclobenzaprine hydrochloride and other proprietary ingredients. The California MTUS state that there is no evidence for use of a muscle relaxant, such as cyclobenzaprine, as a topical product. Guidelines state that any compounded topical product that contains at least one drug (or drug class) that is not recommended is not recommended. Given the absence of guideline support for this topical medication, the request for compounded Cyclophene 5 percent in PLO gel 120 grams is not medically necessary.

SYNAPRYN 10MG/1ML ORAL SUSPENSION 500ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Tramadol Page(s): 50, 93-94, 113.

Decision rationale: Under consideration is a request for Synapryn 10mg/1ml oral suspension 500 ml. Synapryn oral suspension contains tramadol 10mg/ml with glucosamine. The California MTUS states that tramadol appears to be efficacious but limited for short term relief (less than 16 weeks) of chronic back pain. Tramadol is not recommended as a first line therapy for

neuropathic pain. Weak opioids, such as tramadol, may be considered at initiation of therapy for osteoarthritis. Guideline criteria have not been met. Records indicate that this medication has been prescribed since 3/18/13 with no documentation of specific pain reduction or functional improvement. There is no clear indication for the suspension use of this medication. Therefore, this request for Synapryn 10mg/1ml oral suspension 500 ml is not medically necessary.

TABRADOL 1MG/ML ORAL SUSPENSION 250ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Under consideration is a request for Tabradol 1mg/ml oral suspension 250 ml. Tabradol oral suspension contains cyclobenzaprine and MSM (methylsulfonylmethane), a medical food. The California MTUS guidelines state that muscle relaxants, such as cyclobenzaprine, are recommended as a second line option for short term treatment of acute exacerbations of chronic back pain. The use of cyclobenzaprine is not recommended longer than 2 to 3 weeks. The Official Disability Guidelines relative to methylsulfonylmethane (MSM) state there is some evidence for efficacy of topical DMSO cream for a diagnosis of complex regional pain syndrome. There is no evidence based medical guidelines support for the use of oral MSM. Guideline criteria have not been met. Records indicate that this medication has been prescribed since 3/18/13 with no documentation its functional efficacy. There is no current documentation of muscle spasms. There is no clear indication for the suspension use of this medication. Guideline criteria have not been met. Therefore, this request for Tabradol 1mg/ml oral suspension 250 ml is not medically necessary.

DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Under consideration is a request for Deprizine 15mg/ml oral suspension 250 ml. Deprizine oral suspension contains ranitidine and other proprietary ingredients. The California MTUS guidelines recommend the use of H2 blockers, such as ranitidine, for patients using NSAIDs with gastrointestinal risk factors. Gastrointestinal risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Guideline criteria have not been met. There is no clear indication for the suspension use of this medication. There are no specific gastrointestinal risk factors identified for this patient. Past medical history and current exam findings are negative for gastrointestinal risk

factors. Therefore, this request for Deprizine 15mg/ml oral suspension 250 ml is not medically necessary.

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 ..

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

Decision rationale: Under consideration is a request for Dicopanol 5mg/ml oral suspension 150 ml. Dicopanol oral suspension contains diphenhydramine and other proprietary ingredients. The California Medical Treatment Utilization Schedule guidelines do not make recommendations relative to diphenhydramine. The Official Disability Guidelines state that sedating antihistamines, such as diphenhydramine, have been suggested for sleep aids but tolerance seems to develop within a few days. Insomnia treatment is recommended based on etiology and guidelines state that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Guideline criteria have not been met. This medication has been prescribed since 3/8/13. There is no clear indication for the suspension use of this medication. There are no current documentation of an evaluation of sleep disturbance. The use of this medication beyond a few days is not supported by guidelines. Therefore, this request for Dicopanol 5mg/ml oral suspension 150 ml is not medically necessary.

FANATREX 25MG/ML ORAL SUSPENSION 420ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 16-19, 49.

Decision rationale: Under consideration is a request for Fanatrex 25mg/ml oral suspension 420 ml. Fanatrex oral suspension contains gabapentin and other proprietary ingredients. Medical Treatment Utilization Schedule guidelines state that gabapentin (Fanatrex) 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 chronic neuropathic pain. Guidelines support a 3 to 8 week trial and define a "good" response as a 50% reduction in pain and a "moderate" response as a 30% reduction. Guideline criteria have not been met. There is no indication that this patient has neuropathic pain. He has not been diagnosed with diabetic painful neuropathy and postherpetic neuralgia. There is no clear indication for the use of this medication consistent with guidelines. Therefore, this request for Fanatrex 25mg/ml oral suspension 420 ml is not medically necessary.

PHYSICAL THERAPY FOR THE RIGHT KNEE THREE TIMES SIX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Under consideration is a request for physical therapy for the right knee three times six. The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Physical therapy has been prescribed on an on-going basis since 3/8/13. There is no clear indication of how much treatment has been provided, and what, if any, objective functional benefit has been achieved. There is no current functional assessment or specific functional deficit to be addressed by physical therapy. There is no indication why a home exercise program would be insufficient. Therefore, this request for physical therapy for the right knee three times six is not medically necessary.

CHIROPRACTIC MANIPULATION FOR THE RIGHT KNEE THREE TIMES SIX:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: Under consideration is a request for chiropractic manipulation for the right knee three times six. The California MTUS guidelines generally support the use of manual therapy and manipulation for the treatment of chronic pain caused by musculoskeletal conditions. However, the guidelines do not recommend the use of manipulative treatment in the treatment of either acute or chronic knee conditions. Chiropractic treatment has been requested on prior occasions with no indication as to how much treatment was provided, or what, if any, functional benefit was achieved. There is no compelling reason to support the medical necessity of chiropractic treatment of the right knee in the absence of guideline support. Therefore, this request for chiropractic manipulation for the right knee three times six is not medically necessary.

URINALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing (UDT).

Decision rationale: Under consideration is a request for urinalysis. The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. It is recommended that patients at low risk for adverse outcomes be monitored randomly approximately every 6 months. Guideline criteria have not been met. Records indicate that urine drug testing has been done on a frequent basis, with no medications detected on the samples of 5/1/13 and 7/31/13. There is no documentation relative to issues of abuse, addiction, or poor pain control. There is no current indication for additional testing. Therefore, this request for urinalysis is not medically necessary.

ULTRASOUND OF ABDOMEN: Upheld

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

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

Decision rationale: Under consideration is a request for ultrasound of the abdomen. The California MTUS is silent regarding the treatment of hernias. The Official Disability Guidelines do not recommended diagnostic ultrasound except in unusual situations. Ultrasound can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias. There are no physical exam findings suggestive of a red flag condition or an occult hernia to support the medical necessity of a diagnostic ultrasound. There is no clear indication for diagnostic imaging at this time, two years post injury. Therefore, this request for ultrasound of the abdomen in not medically necessary.