

<b>Case Number:</b>	CM13-0017280		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/26/2011
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Physical Medicine and Rehabilitation 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.

### 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 underlying date of injury in this case is 2/26/2011. This patient is a 32-year-old man. He has multiple reported diagnoses including headaches, cervical sprain, cervical radiculopathy, right shoulder impingement, right shoulder tenosynovitis, right elbow pain, bilateral wrist pain, bilateral wrist carpal tunnel syndrome, mid-back pain, thoracic sprain, kyphosis, thoracic degenerative disc disease, lumbar herniated nucleus pulposus, lumbar radiculopathy, lumbar arthropathy, abdominal pain, bilateral knee pain, bilateral knee meniscus tear, bilateral knee degenerative lateral meniscus, left knee degenerative meniscus disease, incontinence, sexual dysfunction, hypertension, anxiety, mood disorder, and sleep disorder. An initial physician review noted that the medical documentation reported that the patient was being treated for multiple conditions including headache, cervical spine pain, radiculopathy, internal shoulder derangement, elbow pain, wrist pain, and other conditions. That review noted that the treatment to date had consisted of medications, physical and manipulative therapy, acupuncture, injections, and shock wave treatment. That reviewer concluded that ketoprofen was not recommended for topical use and that multiple other compounded or topical agents were not supported as medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Ketoprofen 20% in PLO Gel 120 gms #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics states "Non-FDA Approved agents: Ketoprofen: This agent is not currently FDA Approved for topical application. It has an extreme high incidence of Photocontact dermatitis." The medical records do not provide an alternate rationale to support this medication in contrast to the guideline recommendation against this for topical use. I recommend this request be noncertified

**1 prescription of Cyclophene 5% in PLO Gel 120 gm #1:** 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines section on topical analgesics states that "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it would be useful for the therapeutic goal required." The medical records in this case do not provide a rationale for the use of this topical compounded agent either individually or in combination with topical ketoprofen and multiple compounded oral agents. Therefore this request is not supported by the guidelines and is not medically necessary.

**1 prescription of Synapryn 10mg/1ml 500 ml:** 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines discussed compounded medications in the context of topical analgesics. These principles apply to all ages as well, noting on page 111 that "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time provide very limited information regarding the rationale or mechanism of action of multiple prescribed compounded agents either individually or particularly in combination. Overall the guidelines do not support an indication for these compounded medications either individually or in combination and therefore I recommend this be noncertified. I note that this medication contains tramadol and glucosamine. Each of these medications is discussed in the guidelines as oral tablets. It is unclear why a compounded oral solution would be indicated for these medications. For this reason as well this request is not medically necessary.

**1 prescription of Tabradol 1mg/ml 250ml #1: 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines discussed compounded medications in the context of topical analgesics. These principles apply to all ages as well, noting on page 111 that "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time provide very limited information regarding the rationale or mechanism of action of multiple prescribed compounded agents either individually or particularly in combination. Overall the guidelines do not support an indication for these compounded medications either individually or in combination and therefore I recommend this be noncertified. I note in addition that this medication is a compound including cyclobenzaprine. The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines section on muscle relaxants recommends cyclobenzaprine "only for short duration use." It is unclear why this medication would be indicated either subacute or chronic in compounded or suspension form. Therefore this request is not medically necessary.

**1 prescription of Deprisine 15mg/ml oral suspension 250ml #1: 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines discussed compounded medications in the context of topical analgesics. These principles apply to all ages as well, noting on page 111 that "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time provide very limited information regarding the rationale or mechanism of action of multiple prescribed compounded agents either individually or particularly in combination. Overall the guidelines do not support an indication for these compounded medications either individually or in combination and therefore I recommend this be noncertified. Additionally this medication contains ranitidine, which is utilized for gastrointestinal prophylaxis. The medical records do not document a gastrointestinal diagnosis for which this treatment would be indicated. For this reason as well this request is not medically necessary.

**1 prescription of Dicopanl 5 mg/ml 150 ml: 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines discussed compounded medications in the context of topical analgesics. These principles apply to all ages as well, noting on page 111 that "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time provide very limited information regarding the rationale or mechanism of action of multiple prescribed compounded agents either individually or particularly in combination. Overall the guidelines do not support an indication for these compounded medications either individually or in combination and therefore I recommend this be noncertified. I note this medication contains diphenhydramine. The medical records do not document issues related to insomnia or other allergic conditions to support a need for an antihistamine. For this reason as well this request is not medically necessary.