

Case Number:	CM13-0020178		
Date Assigned:	10/11/2013	Date of Injury:	07/01/2010
Decision Date:	01/15/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/11/2013

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. 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 55-year-old female who reported an injury on 07/06/2010 due to cumulative trauma. The patient underwent an electrodiagnostic study that revealed evidence of carpal tunnel syndrome. The patient underwent a right carpal tunnel release. MRI of the right wrist and hand revealed minimal dorsal bursal effusion at the interphalangeal joint of the thumb and no gross abnormalities. The patient continued to have wrist pain. The patient also complained of left wrist pain and bilateral thumb pain. The patient's most recent clinical evaluation revealed tenderness of the 1st dorsal muscle compartment at the carpal tunnel bilaterally and at the basis of the 1st metacarpal joints with a positive Tinel's sign of the wrist and a positive Phalen's sign and diminished sensation of the right wrist with decreased motor strength. The patient's diagnoses included wrist carpal tunnel syndrome, bilateral wrist De Quervain's tenosynovitis, and degenerative joint disease of the 1st carpometacarpal joint bilaterally. The patient's treatment plan included an EMG/NCV and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Cyclophene 5% in PLO Gel, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: The compounded Cyclophene 5% in PLO gel 120 grams is not medically necessary or appropriate. Although the patient does have continued pain complaints that have been non-responsive to conservative measures and surgical intervention, this type of medication is not supported. California Medical Treatment Utilization Schedule states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." California Medical Treatment Utilization Schedule does not support the use of muscle relaxants as a topical agent as there is no scientific evidence to support the efficacy; the requested compounded agent contains cyclobenzaprine. As this muscle relaxant is not recommended as a topical agent, this medication would not be supported by guideline recommendations. As such, the requested compound Cyclophene 5% in PLO gel 120 grams is not medically necessary or appropriate.

Synapryn 10mg/1ml Oral Suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Section and Tramadol Section Page(s): 78 and 113.

Decision rationale: The requested Synapryn 10 mg/1 mL oral suspension 500 mL is not medically necessary or appropriate. This medication contains tramadol. The patient does have continued pain complaints. The most recent clinical evaluation reveals the patient's pain was described as constant rated at 7/10. It is noted the patient provided temporary relief of pain due to medications and is able to sleep. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of a patient's chronic pain be supported by increased functional benefit, assessment of pain relief, assessment of side effects, and monitoring of aberrant behavior. The clinical documentation submitted for review does not provide objective findings of pain relief. Additionally, there is no documentation that the patient is being monitored for aberrant behaviors. As such, the requested Synapryn 10 mg/1 mL oral suspension 500 mL is not medically necessary or appropriate.

Trabradol 1mg/ml Oral Suspension 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Section and Tramadol Section Page(s): 78 and 113.

Decision rationale: The requested Trabradol 1 mg/mL oral suspension 250 mL is not medically necessary or appropriate. This medication contains tramadol. The patient does have continued pain complaints. The most recent clinical evaluation reveals the patient's pain was described as

constant rated at 7/10. It is noted the patient provided temporary relief of pain due to medications and is able to sleep. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids and the management of a patient's chronic pain be supported by increased functional benefit, assessment of pain relief, assessment of side effects, and monitoring of aberrant behavior. The clinical documentation submitted for review does not provide objective findings of pain relief. Additionally, there is no documentation that the patient is being monitored for aberrant behaviors. As such, the requested Trabradol 1 mg/mL oral suspension 250 mL is not medically necessary or appropriate.

Compounded Ketoprofen 20% in PLO gel, 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

Decision rationale: The requested compounded ketoprofen 20% in PLO gel 120 grams is not medically necessary or appropriate. The clinical documentation submitted for review does indicate the patient has continued pain complaints. California Medical Treatment Utilization Schedule does not support the use of topical non-steroidal anti-inflammatory drugs unless there is documentation of the patient's inability to tolerate an oral medication. The clinical documentation submitted for review does not provide any evidence the patient cannot tolerate an oral non-steroidal anti-inflammatory drug. Additionally, California Medical Treatment Utilization Schedule states ketoprofen is a non-FDA-approved agent as a topical application. Therefore, it would not be supported by guideline recommendations. As such, the requested ketoprofen 20% in PLO gel 120 grams is not medically necessary or appropriate.