

<b>Case Number:</b>	CM13-0020921		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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, has a subspecialty in interventional spinal 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.

### 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 IMR application lists the injury date as 9/30/12 and shows a dispute with the 8/27/13 UR (utilization review) decision on topical Cyclophene, ketoprofen, and for compounded oral suspensions of synapryn and tabradol. The patient is described as a 60-year-old Spanish-speaking male who sustained a work injury on 9/30/12. He was unloading 40 pound boxes and his left foot got caught on some plastic, and he fell on his right side. The 8/6/13 initial report from [REDACTED] states that the patient has 8-9/10 right shoulder pain. Shoulder examination showed slight decrease in flexion, and marked decrease in abduction. [REDACTED] diagnosed him with a right side rotator cuff tear. There were no neurologic findings and no discussion of difficulty swallowing or rationale for the need of oral suspensions or compounded topicals over conventional tablet forms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclophene, 5% gel, 120 grams:** Upheld

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

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

**Decision rationale:** The topical compound is reported to contain cyclobenzaprine, a muscle relaxant. The Chronic Pain Medical Treatment Guidelines discusses topical muscle relaxants noting a study on baclofen, but states, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The use of Cyclophene is not in accordance with the Chronic Pain Medical Treatment Guidelines. The request for Cyclophene, 5% gel, 120 grams, is not medically necessary or appropriate.

**Synaprin, 10mg/ml oral suspension, 500 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter..

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

**Decision rationale:** The compounded medication is reported to contain tramadol and glucosamine and "other proprietary ingredients". According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The strict application of the Chronic Pain Medical Treatment Guidelines would not allow this compound as the product contains some "other proprietary ingredients" that are not specified and cannot be confirmed to be in accordance with the Chronic Pain Medical Treatment Guidelines. The request for Synaprin, 10mg/ml oral suspension, 500 ml, is not medically necessary or appropriate.

**Tramadol, 1 mg/ml oral suspension, 250 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tabradol is reported to contain MSM, which is not FDA approved for medical treatment of any condition. Tabradol would not be recommended under Chronic Pain Medical Treatment Guidelines criteria. The Chronic Pain Medical Treatment Guidelines also states under cyclobenzaprine, that it is not recommended to add cyclobenzaprine to other agents. The request is not in accordance the Chronic Pain Medical Treatment Guidelines. The request for Tramadol, 1 mg/ml oral suspension, 250 ml, is not medically necessary or appropriate.

**Ketoprofen 20%, 120 grams:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to Chronic Pain Medical Treatment Guidelines, Ketoprofen is not approved for topical application. The request for topical Ketoprofen is not in accordance with Chronic Pain Medical Treatment Guidelines. The request for Ketoprofen 20%, 120 grams, is not medically necessary or appropriate.