

Case Number:	CM13-0026286		
Date Assigned:	11/22/2013	Date of Injury:	03/01/2007
Decision Date:	02/11/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

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 Anesthesiology has a subspecialty in Pain Management 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 reported an injury on 03/01/2007. The patient is diagnosed with low back pain, lumbar radiculopathy, bilateral knee pain, and sleep disorder. The patient was seen by [REDACTED] on 08/16/2013. Physical examination revealed painful ambulation, tenderness with spasm in bilateral lumbar paraspinal muscles, and at the quadratus lumborum with a trigger point noted on the left, tenderness in the lumbosacral junction, tenderness at bilateral sciatic notches, decreased range of motion, positive tripod, diminished range of motion of bilateral knees, and 1+ effusion. The patient also demonstrates decreased sensation and motor strength in the bilateral lower extremities. Treatment recommendations included continuation of current medication with a letter of medical necessity for compounded ketoprofen, compounded Cyclophene, Dicopanol, Deprizine, Fanatrex, Synapryn, and Tabradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for ongoing use of compounded Ketoprofen 20% in PLO Gel, 120 grams for inflammation: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to first-line oral medication with anticonvulsants and antidepressants prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

request for ongoing use of compounded Cyclophene 5% in PLO Gel, 120 grams 3 x per day for neuropathic pain and muscle spasm: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to first-line oral medication with anticonvulsants and antidepressants prior to the initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

request for Synapryn (10mg/1mL, oral suspension 500 mL) 1 teaspoon 3 x a day for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

request for Tabradol 1mg/mL; oral suspension 250 mL; 1 teaspoon 2-3 times a day for muscle spasm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient had continuously utilized this medication. There is no indication that this patient cannot safely swallow pills or capsules. Despite the ongoing use, the patient continued to demonstrate muscle spasm and trigger points. Based on the clinical information received, the request is non-certified.

request for Deprizine 15mg/mL oral suspension 250 mL; 2 teaspoons once daily for GI pain and prophylaxis against development of gastric ulcer: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no evidence that this patient cannot safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

request for Dicopanol 5mg/mL oral suspension 150 mL; 1 mL by mouth at bedtime for insomnia: Upheld

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

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

Decision rationale: Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per

the clinical notes submitted, there is no indication of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no evidence that this patient cannot safely swallow pills or capsules. The medical necessity has not been established. Therefore, the request is non-certified.

request for Fanatrex 25 mg/mL oral suspension 420 mL; 1 teaspoon 3 times a day for chronic neuropathic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and postherpetic neuralgia. It is also considered first-line treatment for neuropathic pain. As per the clinical notes submitted, the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report high levels of pain. Furthermore, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.