

Case Number:	CM13-0027314		
Date Assigned:	03/19/2014	Date of Injury:	03/23/2013
Decision Date:	05/29/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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:

The 2/17/14 progress report indicates headaches, described as moderate to severe, constant right shoulder pain, associated with numbness and radiation of tingling and numbness down to the right arm; constant bilateral wrist pain, constant bilateral hand pain, frequent pain in her fingers and thumbs. There is also constant neck pain and upper back pain. The patient complains of waking during the night secondary to pain, difficulty with sexual functioning, headaches, symptoms of depression, decreased energy levels. The patient reports greatly impaired activities of daily living. The patient is constantly tired and sleeps only about 4 to 6 hours during the night. 10/25/13 physical exam demonstrates occipital tenderness, cervical tenderness, right shoulder tenderness and trigger points, and tenderness over the bilateral carpal tunnels. The patient was prescribed the request of combination of topical and oral medications several times in 2013. There is documentation of previous adverse determinations for lack of guidelines support and ongoing assessment of response to previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 COMPOUNDED KETOPROFEN 20% GEL 120 GRAMS BETWEEN 8/5/13 AND 10/20/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatory drugs (NSAIDs).

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

Decision rationale: The employee has been prescribed ketoprofen gel. The California MTUS guidelines do not recommend the use of ketoprofen for topical application because it has not been approved by the Food and Drug Administration (FDA). The MTUS guidelines further note there is little evidence for the utilization of topical non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of osteoarthritis of the spine, hip or shoulder and no evidence to support its use for neuropathic pain. Ketoprofen is noted to have an extremely high incidence of photocontact dermatitis. There was no specific clinical rationale from the provider to warrant this medication. The response to previous topical ketoprofen treatment was not assessed. Therefore, the request for 1 compounded ketoprofen 20% gel 120 grams between 8/5/13 and 10/20/13 is not medically necessary.

1 COMPOUNDED CYCLOPHENE 5% GEL, 120 GRAM BETWEEN 8/5/13 AND 10/20/13: 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: Cyclophene gel 5% contains cyclobenzaprine. The California MTUS Guidelines do not recommend the use of cyclobenzaprine noting there is no evidence to support the use of topical muscle relaxants. The response to previous Cyclophene treatment was not assessed. Therefore, the request for 1 compound Cyclophene 5% gel, 120 gram between 8/5/13 and 10/20/13 is not medically necessary.

1 SYNAPRYN 10MG/1ML ORAL SUSPENSION 500ML BETWEEN 8/5/13 AND 10/20/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Synapryn (oral suspension) contains Tramadol. The California MTUS guidelines state that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects for patients taking narcotic analgesics. The guidelines note that the pain assessment should include current pain, pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. However, the records do not indicate that the employee has had a pain assessment to assess the effects of this

medication. In addition, there records do not indicate why the employee is unable to take oral capsules or tablets requiring the use of a compounded oral suspension. The response to previous Synapryn treatment was not assessed. Therefore, the request for 1 Synapryn 10mg/1ml oral suspension 500ml between 8/5/13 and 10/20/13 is not medically necessary.

1 TABRADOL 1MG/ML ORAL SUSPENSION 250ML BETWEEN 8/5/13 AND 10/20/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

Decision rationale: The records indicate the employee has been prescribed Tabradol oral suspension which contains cyclobenzaprine. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS guidelines further note that cyclobenzaprine is not recommended to be used longer than 2-3 weeks. However, there is no acute exacerbation of low back pain. In addition, there is no indication as why the employee is unable to take a pill or capsule orally, and as such, the need for a compounded suspension is not established. The response to previous Tabradol therapy was not assessed. Therefore, the request for 1 Tabradol mg/ml oral suspension 250ml between 8/5/13 and 10/20/13 is not medically necessary.

1 DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML BETWEEN 8/5/13 AND 10/20/13:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines NSAIDS ADVERSE EFFECTS; NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The patient is reported to have been prescribed Deprizine suspension which contains ranitidine, histamine-2 (H2) blocker. The CA MTUS does not specifically address H2 blockers; however, the MTUS guidelines recommend the use of proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) and who are at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. MedlinePluse states that ranitidine is used to treat ulcers; gastroesophageal reflux disease (GERD), and injury of the food pipe (esophagus). The records indicate the employee is utilizing NSAIDs for pain, and is not reported to have a history of gastrointestinal upset, peptic ulcers, GI bleeding or perforation, the requested Deprizine suspension does not meet guideline recommendations. In addition, there is no

indication as why the employee is unable to take a pill or capsule orally, and as such, the need for a compounded suspension is not established. There is also no assessment of response to previous Deprizine therapy. Therefore, the request for 1 Deprizine 15mg/ml oral suspension 250ml between 8/5/13 and 10/20/13 is not medically necessary.

1 DICOPANOL 5MG/ML ORAL SUSPENSION 150 ML BETWEEN 8/5/13 AND 10/20/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS & STRESS. DIPHENHYDRAMINE (BENEDRYL).

Decision rationale: The Expert Reviewer found that no section of the MTUS was applicable. The Official Disability Guidelines (ODG) insomnia treatment was applied. The ODG state that sedating antihistamines have been suggested for sleep aids, but tolerance seems to develop within a few days. The guidelines further state next day sedation has also been noted as well as impaired psychomotor and cognitive functions. The records indicate the employee to have difficulty sleeping due to pain. A review of the records provided indicate the employee has been taking Dicopanol on a long-term ongoing basis, which is not in accordance with guideline recommendations. The response was not assessed. In addition, there is no indication as to why the employee cannot take an oral tablet and pill and requires an oral suspension. As such, the requested Dicopanol oral suspension does not meet guideline recommendations. Therefore, the request for 1 Dicopanol 5m/ml oral suspension 150ml between 8/5/13 and 10/20/13 is not medically necessary.

1 FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION 420ML BETWEEN 8/5/13 AND 10/20/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16-18, 18-19, 49, 113.

Decision rationale: The California MTUS Guidelines recommend the use of gabapentin for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and as a first- line treatment for neuropathic pain. The medical records indicate the employee has neuropathic pain and may benefit from the use of gabapentin. However, there was no indication as to why the employee requires an oral suspension and cannot take pills or capsules by mouth to alleviate pain. The response to previous Fanatrex treatment was not assessed. Therefore, the request for 1 Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml between 8/5/13 and 10/20/13 is not medically necessary.