

Case Number:	CM13-0034610		
Date Assigned:	12/11/2013	Date of Injury:	09/30/2011
Decision Date:	03/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/13/2013

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 Pain Management, and is licensed to practice in Florida. 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 patient is a 47-year-old female who reported an injury on 09/30/2011. The patient was reportedly performing her regular and customary work duties when she felt a sharp pain in her right shoulder. The patient is diagnosed with right shoulder tendonitis, anxiety disorder, mood disorder, stress, and sleep disorder. The patient was seen by [REDACTED] on 08/01/2013. The patient reported sharp, burning right shoulder pain with radiation down the upper extremity causing muscle spasm. The patient also reported stress, anxiety, insomnia and depression. Physical examination revealed 2+ tenderness to palpation at the rotator cuff tendon attachment site, decreased range of motion, slightly diminished sensation to light touch at C5-T1 dermatomes, and decreased motor strength in the right upper extremity. Treatment recommendations included continuation of current medication including 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:

Compounded Ketoprofen 20% in PLO Gel 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. According to the documentation submitted, the employee has continuously utilized this medication. Despite ongoing use, the employee continues to report high levels of pain. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the MTUS Guidelines, the request is non-certified.

Compounded Cyclophene 5% in PLO Gel 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. According to the documentation submitted, the employee has continuously utilized this medication. Despite ongoing use, the employee continues to report high levels of pain. There is also no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the MTUS Guidelines, the request is non-certified.

Synapryn 10mg/ml oral suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 74-82.

Decision rationale: The MTUS Guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation submitted, the employee has continuously utilized this medication. Despite ongoing use, the employee continues to report high levels of pain. Additionally, there is no indication that this employee is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

Tabradol 1mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63-66.

Decision rationale: The MTUS Guidelines indicate that muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. According to the documentation submitted, the employee has continuously utilized this medication. Despite ongoing use, the employee continues to report persistent pain with muscle spasm. As guidelines do not recommend long term use of this medication, the current request is not medically appropriate. Additionally, there is no indication that this employee cannot safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [drugs.com/pro/formucare-ranitidine.html](https://www.drugs.com/pro/formucare-ranitidine.html): Acid Reducer.

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

Decision rationale: The MTUS Guidelines indicate that proton pump inhibitors are recommended for patient's with intermediate or high risk for gastrointestinal events. According to the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no indication that this employee cannot safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

Dicopanol 5mg/ml oral suspension 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [drugs.com/pro/diphenhydramine.html](https://www.drugs.com/pro/diphenhydramine.html): Indications and Usage for Diphenhydramine

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: The Official Disability Guidelines indicate that diphenhydramine is a sedating antihistamine, often utilized as an over the counter medication for insomnia treatment. According to the documentation submitted, the employee has continuously utilized this medication. Despite ongoing use, the employee continues to report persistent insomnia. Additionally, there is no indication that this employee cannot safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

