

Case Number:	CM13-0035453		
Date Assigned:	12/13/2013	Date of Injury:	01/30/2013
Decision Date:	02/13/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/17/2013

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 Spine 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 51 year old female with a date of injury of 06/13/2012. The patient's diagnoses consist of right shoulder sprain/strain, right elbow strain, right wrist carpal tunnel syndrome, low back and abdominal pain. According to report dated 08/06/2013 by [REDACTED], the patient presents with right shoulder pain that is radiating down the arm to the fingers, associated with muscle spasms. The patient complains of right elbow/forearm and wrist pain described as burning and constant. The patient states he has weakness, numbness and tingling. The patient's lower back pain is described as burning with muscle spasms and the pain is associated with numbness and tingling of the bilateral lower extremities. The patient rates pain as 7-8/10 and states that the pain is alleviated with medications, rest and activity restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Ketoprofen: Overturned

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

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

Decision rationale: The patient's diagnoses consist of right shoulder sprain/strain, right elbow strain, right wrist carpal tunnel syndrome, low back and abdominal pain. The provider is requesting compound Ketoprofen cream for the patient's pain. The patient has elbow strain which is similar to tendinitis problem. MTUS guidelines support the use of topical NSAIDs for peripheral joint arthritis or tendinitis. The recommendation is for authorization

Compound Cyclophene: Upheld

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

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

Decision rationale: The patient's diagnoses consist of right shoulder sprain/strain, right elbow strain, right wrist carpal tunnel syndrome, low back and abdominal pain. The provider is requesting compound cyclophene. MTUS guidelines regarding topical analgesics states it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support muscle relaxant topical cream products for management of pain. The recommendation is for denial.

Synapryn 10mg/1 ml oral suspension: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG guidelines, Glucosamine/Chondroitin for arthritic knee pains

Decision rationale: The patient's diagnoses consist of right shoulder sprain/strain, right elbow strain, right wrist carpal tunnel syndrome, low back and abdominal pain. The provider is requesting Synapryn which is a compound drug including Tramadol hydrochloride and glucosamine. The UR denial stated that, "guideline criteria have not been met as there is no documentation of a maintained increase in function or decrease in pain." Synapryn was prescribed by provider on the first encounter with patient. No prior reports are provided for review; therefore it is unclear if patient has taken this drug before. The MTUS guidelines pg 75 states a small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram[®]) are reported to be effective in managing neuropathic pain. Given the extent of the patient's pain (7-8/10), a synthetic opioid like Tramadol may be warranted. However, the provider is requesting Synapryn a compound drug with

Tramadol and glucosamine without specifying the reason why both are needed. Glucosamine is indicated for painful arthritis of the knee which this patient does not suffer from. The recommendation is for denial.

Tabradol 1mg/ml oral suspension 250ml: Upheld

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

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

Decision rationale: The patient's diagnoses consist of right shoulder sprain/strain, right elbow strain, right wrist carpal tunnel syndrome, low back and abdominal pain. Patient has diagnoses of right shoulder sprain/strain, right elbow strain, right CTS, low back and abdominal pain. The provider is requesting Tabradol (cyclobenzaprine). The MTUS guidelines pg 64 states Cyclobenzaprine (Flexeril®, Amrix®, Fexmidâç, generic available): is recommended for a short course of therapy. Therefore, limited mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). The UR dated 08/30/2013 modified certification from 250ml to 125ml. The provider states recommendation is for 5ml (2-3 times a day). The treating physician does not indicate that this is for short-term management of spasms or acute pain. There is no documentation of acute spasms or flare. The recommendation is for denial.

Deprizine 15mg/ml oral suspension 250ml: Upheld

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

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

Decision rationale: The patient's diagnoses consist of right shoulder sprain/strain, right elbow strain, right wrist carpal tunnel syndrome, low back and abdominal pain. The provider request Deprizine stating "there are studies showing proton pump inhibitors such as omeprazole were no different than H2RA." He further states that Deprizine treats and prevents heartburn with acid indigestion, treats stomach ulcers, gastroesophageal reflux disease (GERD). This medicine is a histamine H2-blocker. Guidelines do not specifically discuss Deprizine. However, MTUS pg 69 states under NSAIDs, GI symptoms & cardiovascular risk recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-

dose ASA). Although the provider outlines what Deprizine does, he fails to mention any GI symptoms from this patient or any rationale for its use when the patient is not taking any NSAIDs. Given the patient has no complaints of gastric issues, recommendation is for denial.

Dicopanol; 15mg/ml oral suspension 150ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 491.

Decision rationale: The patient's diagnoses consist of right shoulder sprain/strain, right elbow strain, right wrist carpal tunnel syndrome, low back and abdominal pain. The provider is requesting Dicopanol. The drug classification for Dicopanol is Antiemetic, Histamine-1 Receptor Antagonist. The provider states Dicopanol is a "great alternative" as Zolpidem has many side effects. He states this medication is "widely used in many non-prescription sleep aides and cold medications for many years". The ACOEM guideline has the following regarding evidence based medicine on page 491. "Evidence-based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." It is assumed that the provider is requesting Dicopanol for "off label" use of insomnia. However, the reports reviewed do not provide any documentation that the patient has insomnia or that any sleep hygiene methods have been tried. The recommendation is for denial.