

<b>Case Number:</b>	CM13-0036673		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 PM&R and 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:

This is a sixty year-old male forklift driver with a September 24, 2012 cumulative trauma industrial claim. He has been diagnosed with: cervical strain/sprain rule out (r/o) herniated nucleus pulposus (HNP); cervical radiculopathy; right shoulder strain/sprain r/o internal derangement; r/o right wrist tenosynovitis; bilateral knee sprain/strain r/o internal derangement; anxiety disorder; mood disorder; sleep disorder; stress. According to the IMR application, there is a dispute with the October 8, 2013 UR decision form [REDACTED] to deny the use of compounded Cyclophene topical gel; Synapryn oral suspension; Tabradol oral suspension; topical Ketoprofen. The UR decision was based on the September 26, 2013 initial comprehensive primary treating physician report form [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclophene 5 percent in PLO Gel 120 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDS)..

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

**Decision rationale:** The MTUS states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The topical compound Cyclophene is reported to contain cyclobenzaprine, a muscle relaxant. MTUS 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 MTUS guidelines.

**Synapryn 100ml oral susp:** 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 Page(s): 113, 127.

**Decision rationale:** It is unknown why the physician is recommending the compounded oral solution of the medications rather than the conventional tablet forms. The compounded medication is reported to contain tramadol and glucosamine and other ingredients. MTUS states tramadol is not recommended as a first-line oral analgesic. The initial report dated September 26, 2013 did not discuss prior medications, and recommended the compounded product with tramadol as a first-line analgesic. This is not in accordance with MTUS guidelines. Secondly, MTUS in general for compounded medications states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The strict application of MTUS guidelines would not allow this compound as the product contains "other proprietary ingredients." The "other ingredients" are not specified and would be necessary in order to compare to MTUS criteria. With the unknown "proprietary ingredients," the request cannot be verified in accordance with MTUS guidelines. Finally, MTUS states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The September 26, 2013 medical report shows 5-6/10 pain at baseline, the December 2, 2013 report shows 5-6/10 pain, the December 27, 2013 shows increased pain 5-8/10. There is no change overall with the treatment provided. Continuing with treatment or therapy that does not provide functional improvement is not in accordance with MTUS guidelines.

**Tabradol 250ml oral susp:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 62-66.

**Decision rationale:** MTUS gives general information on compounded medications under the topical analgesic section and states "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. MTUS for MSM refers readers to the DMSO and CRPS sections. MTUS the topical DMSO may

be used for a regional inflammatory reaction. The patient was not reported to have CRPS and this request was for an oral suspension rather than topical application. This does not meet the requirement for use of MSM, so any compound containing MSM would not be recommended. MTUS for cyclobenzaprine states it is not recommended for use over 3 weeks. This was first prescribed on September 26, 2013 , and it had been recommended for over 3-weeks. This is not in accordance with MTUS guidelines. Finally, MTUS states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." The September 26, 2013 medical report shows 5-6/10 pain at baseline, the December 2, 2013 report shows 5-6/10 pain, the December 27, 2013 shows increased pain 5-8/10. There is no change overall with the treatment provided. Continuing with treatment or therapy that does not provide functional improvement is not in accordance with MTUS guidelines.

**Ketoprofen 20 percent in PLO Gel: 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 Page(s): 111-113.

**Decision rationale:** MTUS under the topical analgesics states: "Only FDA-approved products are currently recommended" MTUS also states: "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application." The use of topical Ketoprofen is not in accordance with MTUS guidelines.