

Case Number:	CM13-0037713		
Date Assigned:	12/18/2013	Date of Injury:	02/01/2013
Decision Date:	03/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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 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. 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 28-year-old female who reported an injury on 02/01/2013 due to cumulative trauma. The patient reportedly sustained injuries to the bilateral shoulders, bilateral elbows, bilateral wrists and hands, lumbar spine, and bilateral knees. The patient's pain was managed with medications, physical therapy, and chiropractic care. The patient's most recent clinical examination findings of the bilateral shoulders documented that the patient had bilateral shoulder pain radiating into the upper extremities rated at a 4/10 to 7/10 exacerbated by movement. Examination of the bilateral elbows documented that the patient had bilateral elbow pain and muscle spasming described as moderate to severe and rated at 4/10 to 7/10 exacerbated by movements, complaints of weakness. Examination of the bilateral wrists included bilateral wrist pain and muscle spasming described as moderate to severe and rated at 4/10 to 7/10 with weakness, numbness, and tingling radiating into the hands and fingers. Examination of the lower back reveals low back pain rated at a 4/10 to 7/10 described as moderate to severe that radiates into the bilateral lower extremities and exacerbated by movements. Examination of the bilateral knees revealed pain and muscle spasming of the knees rated at a 4/10 to 7/10 described as constant and moderate to severe with numbness and tingling radiating to the feet. The patient's recommended medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen cream. The patient's diagnoses included bilateral shoulder pain, bilateral elbow pain, bilateral wrist carpal tunnel syndrome, lumbago, lumbar radiculopathy, and bilateral knee pain. The patient's treatment recommendations included continuation of medications and continued monitoring with urine drug screens.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and Chronic Pain Medical Treatment Guidelines, pgs. 111-113

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

Decision rationale: The requested compounded ketoprofen 20% in PLO gel, 120 g is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of ketoprofen as a topical agent as it is not FDA approved for this formulation. The California Medical Treatment Utilization Schedule states that any medication that contains 1 drug or drug class that is not supported by guideline recommendations is not recommended. Therefore, the use of ketoprofen as a topical agent is not indicated. As such, the requested compounded ketoprofen 20% in PLO gel, 120 g is not medically necessary or appropriate.

Compounded Cyclophene 5%in PLO Gel: Upheld

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

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

Decision rationale: The requested compounded Cyclophene 5% in PLO gel, 120 g is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of Cyclophene as a topical agent as it is not FDA approved for this formulation. The California Medical Treatment Utilization Schedule states that any medication that contains 1 drug or drug class that is not supported by guideline recommendations is not recommended. Therefore, the use of Cyclophene as a topical agent is not indicated. As such, the requested compounded Cyclophene 5% in PLO gel, 120 g is not medically necessary or appropriate.

Synapryn 10 mg/1ml oral susp. 500 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management and Glucosamine (and Chondroitin Sulfate) Page(s): 70 & 50.

Decision rationale: The requested Synapryn (10 mg/1 mL) oral suspension 500 mL is not medically necessary or appropriate. This is a compounded medication with glucosamine and tramadol. The California Medical Treatment Utilization Schedule recommends the use of glucosamine for patients who have osteoarthritic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is related to osteoarthritis. The California Medical Treatment Utilization Schedule recommends the use of tramadol be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is regularly monitored for aberrant behavior. However, the clinical documentation does not provide any evidence of functional benefit or a quantitative assessment of pain relief related to this medication. Additionally, the clinical documentation does not provide any evidence that the patient cannot tolerate a regular oral formulation and that a liquid formulation is required. Therefore, the continued use of this medication would not be indicated. As such, the requested Synapryn (10 mg/1 mL) oral suspension 500 mL is not medically necessary or appropriate.