

Case Number:	CM13-0042881		
Date Assigned:	12/27/2013	Date of Injury:	03/22/2012
Decision Date:	08/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation 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 patient is a 63-year-old male who was injured on March 22, 2012. He sustained an injury when he was attacked by an assailant. Prior treatment history has included injections. An Orthopedic consultation dated October 16, 2013 states the patient complained of pain in the right side of his face as well as headaches with associated hearing loss on both ears and eyes irritation. He rated the pain as 5/10. He complained of neck pain with burning and muscle spasm. He rated his pain as 7/10 and is aggravated with repetitive movements of his head and neck. The pain is associated with numbness and tingling of the bilateral upper extremities. He reports rib pain on the left and rates it as a 3/10. He reported medications offer him temporary relief. On exam, there is tenderness to palpation at the right side of the face. Cranial nerves II-XII were intact. The cervical spine revealed tenderness to palpation at the left lateral aspect of the occiput with a trigger point for the headaches. Range of motion of the cervical spine revealed flexion to 40; extension to 30; left rotation to 60; right rotation to 60; left lateral flexion to 20; right lateral flexion to 20. Cervical distraction is positive bilaterally; cervical compression is positive bilaterally; and Spurling's test is positive bilaterally. He has tenderness to palpation. Deep tendon reflexes 2+ and symmetrical in bilateral upper extremities. Diagnoses are blunt head trauma, post head concussion, bilateral conductive hearing loss, visual problems, cervicgia, and history of left rib fracture with residual pain. It has been recommended the patient receive a UA to monitor medications. He has been prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Deprizine, and Tabradol. Prior utilization review dated October 16, 2013 states the request for a consultation with pain management specialist for rib cage pain, compounded ketoprofen (20% in PLO gel, 120mg), cyclophene (5% in PLO gel, 120gm), Synapryn (10mg/1ml oral suspension, 500ml), Tabradol (1mg/ml oral suspension, 250ml), Deprizine (15mg/ml oral suspension, 250ml),

Dicopanol (diphenhydramine) (5mg/ml oral suspension, 150 ml), and Fanatrex (gabapentin) (25mg/ml oral suspension, 420ml) were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Pain Management Specialist for Rib Cage Pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7: Independent Medical Examinations and Consultations, pages 503.

Decision rationale: According to the ACOEM Practice Guidelines, a consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The specific need and reason for a pain management consultation for the treatment of rib cage pain has not been specified. Furthermore, there is no documentation of any trial of conservative management, i.e. physical therapy prior such referral. Therefore, the request is not medically necessary and appropriate.

Compounded Ketoprofen (20% in PLO gel, 120mg): 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: According to the California MTUS guidelines, Topical analgesics are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. However, the guidelines state that the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel). Ketoprofen is not currently FDA approved for topical application. Therefore, the request is not medically necessary and appropriate.

Compounded Cyclophene (5% in PLO gel, 120gm): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: Cyclophene is a compound topical gel containing muscle relaxant cyclobenzaprine. According to the California MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. However, the guidelines state that Cyclobenzaprine is a central muscle relaxant, which is not recommended, as there is no evidence of using any other muscle relaxant as a topical product. Therefore, the request is not medically necessary and appropriate.

Synapryn (10mg/1ml oral suspension, 500ml): 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): 75-94. Decision based on Non-MTUS Citation Webmd.com website.

Decision rationale: Synapryn contains tramadol hydrochloride and glucosamine as active ingredients, therefore the Tramadol guidelines were used in this conclusion. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Further, the combination of the ingredients in Synapryn has not been approved for use. Additionally, it is unclear why the employee is unable to take a pill or capsule orally. Therefore, the request is not medically necessary and appropriate.

Tabradol (1mg/ml oral suspension, 250ml): 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 Cyclobenzaprine Page(s): 64. Decision based on Non-MTUS Citation Drugs.com website.

Decision rationale: Tabradol contains methylsulfonylmethane (MSM) and cyclobenzaprine. According to the California MTUS guidelines, cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. It is recommended for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute exacerbation of the pain. Dosing recommendations state no longer than 2-3 weeks. Additionally, it is unclear why the employee is unable to take a pill or capsule orally. Therefore, the request is not medically necessary and appropriate.

Deprizine (15mg/ml oral suspension, 250ml): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Drugs.com website.

Decision rationale: According to the California MTUS guidelines, Deprizine suspension contains Ranitidine, an H2 receptor antagonist that can be considered when there is concurrent use of SSRIs and NSAIDs, which have excess relative risk of serious upper GI events. The medical records submitted revealed no documentation of subjective or objective GI events or ulcers to warrant the use of this medication. Additionally, it is unclear why the employee is unable to take a pill or capsule orally. Therefore, the request is not medically necessary and appropriate.

Dicopanol (Diphenhydramine) (5mg/ml oral suspension, 150 ml): 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 and stress, Insomnia treatment.

Decision rationale: The California MTUS guidelines do not discuss the issue in dispute and hence Official Disability Guidelines (ODG) have been consulted. According to the ODG, Dicopanol (diphenhydramine) is sedating antihistamines have been suggested for sleep aids. Further guidelines indicate Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The records provided do not adequately discuss the patient's insomnia and justification for diphenhydramine use, which fits within guidelines. Furthermore, it is unclear why the patient is unable to take pill or capsule orally. Therefore, the request is not medically necessary and appropriate.

Fanatrex (Gabapentin) (25mg/ml oral suspension, 420ml): 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): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Gabapentin.

Decision rationale: Fanatrex is a combination of gabapentin and glucosamine sulphate. According to the California MTUS guidelines, gabapentin may be used for a first-line treatment for neuropathic pain. There is no clear clinical evidence of neuropathic pain in the medical

records. Furthermore, it is unclear why the patient is unable to take pill or capsule orally. Therefore, the request is not medically necessary and appropriate.