

Case Number:	CM13-0044986		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2012
Decision Date:	02/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 29-year-old male who reported an injury on 10/21/2012. The patient is diagnosed with left wrist pain. The patient was seen by [REDACTED] on 09/24/2013 with complaints of 7/10 left wrist pain. Physical examination revealed tenderness to palpation, decreased range of motion, and decreased strength and sensation. Treatment recommendations included continuation of current medications, as well as physical therapy and chiropractic treatment for the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand Chapter, section on Physical Therapy.

Decision rationale: The MTUS Chronic Pain Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow

for a fading of treatment frequency plus active self-directed home physical medicine. The patient has previously participated in physical therapy for the left wrist. However, documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Therefore, the current request is not medically necessary and appropriate.

Chiropractic left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The MTUS Chronic Pain Guidelines state manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the forearm, wrist, and hand is not recommended. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary and appropriate.

Compounded Ketoprofen 20% in PLO gel 120gms: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, the patient does demonstrate decreased sensation. However, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Therefore, the current request is not medically necessary and appropriate.

Compounded Cyclophene 5% in PLO gel 120gms: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. As per the documentation submitted, the patient does demonstrate decreased sensation. However, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Therefore, the current request is not medically necessary and appropriate.

Synapryn 10mg/1ml oral suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: The MTUS Chronic Pain Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report moderate to severe 7/10 pain. There is no documentation of a significant change in the patient's physical examination that would indicate functional improvement. Additionally, there is no indication that this patient is unable to swallow pills or capsules. Based on the clinical information received, the request is not medically necessary and appropriate.

Tabradol 1mg/ml oral suspension 250ml: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state 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. The patient has continuously utilized this medication. There is no evidence of palpable muscle spasm, spasticity, or muscle tension upon physical examination. There is also no evidence of a satisfactory response to treatment, as the patient continues to report moderate to severe 7/10 pain. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary and appropriate.

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 <http://www.drugs.com/pro/formucare-ranitidine.html>

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

Decision rationale: The MTUS Chronic Pain Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no indication of cardiovascular disease, nor increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the use of a proton pump inhibitor. Additionally, there is no indication that this patient cannot safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary and appropriate.

Dicopanol diphenhydramine 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 <http://www.drugs.com/pro/diphenhydramine.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, Insomnia treatment.

Decision rationale: Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the documentation submitted, there is no indication of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary and appropriate.

Fanatrex Gabapentin 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-18.

Decision rationale: The MTUS Chronic Pain Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and post herpetic neuralgia, and has been considered first-line treatment for neuropathic pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report moderate to severe 7/10 pain. Satisfactory response to treatment has not been indicated. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary and appropriate

