

Case Number:	CM13-0045000		
Date Assigned:	12/27/2013	Date of Injury:	09/20/2011
Decision Date:	07/03/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine, 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:

This is a 46-year-old male who has reported hand and knee symptoms of gradual onset attributed to usual work activity, with a listed injury date of 9/20/11. He was diagnosed with bilateral hand sprains, middle finger triggering, bilateral knee sprains and internal derangement. Treatment has included carpal tunnel release, physical therapy, acupuncture, and medications. On 10/9/13 a different treating physician evaluated this injured worker and prescribed ketoprofen 20% gel, Cyclophene 5%, Synapryn 10, and oral suspension Tabradol 1 mg. The specific indications for these medications was not discussed. On 10/29/13, Utilization Review partially certified the medications now under Independent Medical Review. This decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 20% PLO GEL 120GM: 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 Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for this topical agent, it is not medically necessary on this basis at minimum. The prescribing physician dispensed multiple medications simultaneously without an adequate trial of each medication separately. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketoprofen is not FDA approved, and is not recommended per the MTUS. Other topical NSAIDs are FDA approved and may be used for some conditions and with specific precautions. Topical Ketoprofen is not medically necessary based on the MTUS recommendations and lack of FDA approval.

CYCLOPHENE 5% 120GM: 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 Medications for chronic pain, Topical Medications Page(s): 60, 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for this topical agent, it is not medically necessary on this basis at minimum. The prescribing physician dispensed multiple medications simultaneously without an adequate trial of each medication separately. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants are not recommended per the MTUS; Cyclophene is topical cyclobenzaprine.

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 Medications for chronic pain, Opioids, Glucosamine (and Chondroitin Sulfate) Page(s): 77-80, 50.

Decision rationale: Synapryn is tramadol and glucosamine in a suspension. The reason for combining these medications is not discussed in any physician report. Given that tramadol is generally a prn medication to be used as little as possible, and that glucosamine (assuming a legitimate indication) is to be taken regularly regardless of acute symptoms, the combination product is illogical and not indicated. Tramadol is prescribed without clear evidence of the

considerations and expectations found in the MTUS and similar guidelines. Opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies" (note the MTUS recommendations). The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The MTUS provides support for treating moderate arthritis pain, particularly knee OA, with glucosamine sulphate. The treating physician has not provided adequate evidence of significant knee arthritis. Other forms of glucosamine are not supported by good medical evidence. The treating physician in this case has not provided evidence of the form of glucosamine in Synapryn, and that it is the form recommended in the MTUS and supported by the best medical evidence. And should there be any indication for glucosamine in this case, it must be given as a single agent apart from other analgesics, particularly analgesics like tramadol which are habituating. Synapryn is not medically necessary based on the MTUS, lack of good medical evidence, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

TABRADOL 1MG/ML 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 Muscle Relaxants.

Decision rationale: Tabradol is an oral suspension of cyclobenzaprine. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic LBP. This patient has chronic pain with no evidence of prescribing for flare-ups. The MTUS states that treatment with cyclobenzaprine should be brief, and that the addition of cyclobenzaprine to other agents is not recommended. In this case, cyclobenzaprine is added to other agents, and the oral suspension form plus topical is experimental and unproven. Prescribing was not for a short term exacerbation. Multiple medications, including a topical muscle relaxant, were prescribed together without adequate trials of each. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.