

Case Number:	CM13-0047464		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2009
Decision Date:	03/11/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine 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 a 40 year old male suffered a work related injury and complained of neck, right shoulder and low back pain. Date of injury: 6/18/2009. He continued to complain to complain of pain in these areas. This is documented in a medical progress note dated 3/18/13, 4/17/13, 6/5/13. He is requesting the follow medications: Deprizine (ranitidine), Dicopanol (diphenhydramine), Fanatrex (gabapentin) Synapryn (tramadol with glucosamine), Tabradol (cyclobenzaprine with MSM , methylsulfonylmethane), Cyclophene, Ketoprofen (. These medications are compounded suspension formulations and/or topical formulations of common medications.

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, 120grams: Upheld

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

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

Decision rationale: There is no reliable evidence that these compounded medications are superior to non-compounded medication. MTUS Chronic Pain Medical Treatment Guideline do

not support the use of most compounded agents, nor does it support the use of most topical formulations of NSAIDS, muscle relaxants and other analgesics.

Compounded Cyclophene 5% in Plo Gel, 120 grams: Upheld

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

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

Decision rationale: There is no reliable evidence that these compounded medications are superior to non-compounded medication. MTUS Chronic Pain Medical Treatment Guideline do not support the use of most compounded agents, nor does it support the use of most topical formulations of NSAIDS, muscle relaxants and other analgesics.

Synapryn (10mg/1ml Oral Suspension 500ml): Upheld

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

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

Decision rationale: There is no reliable evidence that these compounded medications are superior to non-compounded medication. MTUS Chronic Pain Medical Treatment Guideline do not support the use of most compounded agents, nor does it support the use of most topical formulations of NSAIDS, muscle relaxants and other analgesics.

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 Page(s): 111.

Decision rationale: There is no reliable evidence that these compounded medications are superior to non-compounded medication. MTUS Chronic Pain Medical Treatment Guideline do not support the use of most compounded agents, nor does it support the use of most topical formulations of NSAIDS, muscle relaxants and other analgesics.

Deprizine 15Mh/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/deprizine.html>

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

Decision rationale: There is no reliable evidence that these compounded medications are superior to non-compounded medication. MTUS Chronic Pain Medical Treatment Guideline do not support the use of most compounded agents, nor does it support the use of most topical formulations of NSAIDS, muscle relaxants and other analgesics.

Dicopanol 5mg/ml oral suspension 150 ml: 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/cdi/dlphenhydramine.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: There is no reliable evidence that these compounded medications are superior to non-compounded medication. MTUS Chronic Pain Medical Treatment Guideline do not support the use of most compounded agents, nor does it support the use of most topical formulations of NSAIDS, muscle relaxants and other analgesics.

Fanatrex 25MH/ml oral suspension 420ml: G8428: Upheld

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

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

Decision rationale: There is no reliable evidence that these compounded medications are superior to non-compounded medication. MTUS Chronic Pain Medical Treatment Guideline do not support the use of most compounded agents, nor does it support the use of most topical formulations of NSAIDS, muscle relaxants and other analgesics.