

<b>Case Number:</b>	CM13-0047625		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 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 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 63-year-old male who reported an injury on 08/27/2013 due to cumulative trauma while performing normal job duties that reportedly caused injury to his neck, shoulders, wrists, low back, and knees. The patient's most recent clinical documentation indicated that the patient underwent left wrist carpal tunnel release in 10/2013. The patient's clinical examination findings included examination of the cervical spine, bilateral shoulders, left arm, bilateral wrists, lumbosacral spine, and bilateral knees. The cervical spine examination revealed tenderness to palpation and decreased range of motion with a positive compression test bilaterally and a positive cervical destruction test bilaterally. Examination of the bilateral shoulders revealed tenderness to palpation in the acromioclavicular joint bilaterally and a positive supraspinatus test with decreased range of motion and a positive Neer's impingement sign bilaterally. Physical examination of the left arm revealed positive Speed's test and a bulge at the belly of the biceps secondary to a rupture. Examination of the right wrist revealed decreased range of motion with a positive Phalen's sign and a positive Tinel's sign with diminished sensation to pinprick and light touch. The patient's left wrist was immobilized and could not be examined. Examination of the lumbosacral spine revealed decreased range of motion with a positive straight leg raising test bilaterally. Examination of the bilateral knees revealed tenderness to palpation over the medial and lateral joint lines bilaterally with a bilateral positive McMurray's sign, Lachman's sign, patellar grinding test, and decreased range of motion. The patient's diagnoses included cervical disc displacement, cervical spine radiculopathy, bilateral shoulder impingement syndrome, bilateral shoulder tenosynovitis, left biceps tendon rupture, tenosynovitis of the bilateral wrists, bilateral wrist carpal tunnel syndrome, left carpal tunnel release, bilateral wrist de Quervain's tenosynovitis, lumbar spine sprain/strain, and bilateral knee internal derangement. The patient's treatment plan included medication usage and acupuncture.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Compounded Ketoprofen 20% in Pluronic Lecithin Organogel (PLO) Gel, 120 grams:**

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 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. Additionally, there is no documentation of significant pain relief related to this medication to support continued use. 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 Pluronic Lecithin Organogel (PLO) Gel, 120 grams:**

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 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. Additionally, there is no documentation that the patient has any pain relief or functional benefit related to this medication. 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 10mg/ml, 500 ml:**

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, Ongoing Management and Glucosamine (and Chondroitin Sulfate) Page(s): 70 and 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.

**Tabradol 1mg/ml, 250 ml:** 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 Page(s): 63.

**Decision rationale:** The requested Tabradol 1 mg/1ml (oral suspension 250 mL) is not medically necessary or appropriate. The requested medication contains Cyclobenzaprine. The California Medical Treatment Utilization Schedule recommends muscle relaxants for the management of pain and muscle spasming for short durations. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. Additionally, the patient's most recent clinical exam findings did not include any evidence of muscle spasming that would benefit from a muscle relaxant. Also, the clinical documentation did not provide any evidence that the patient could not tolerate solid formulation of this medication. There was no support provided that the patient required an oral liquid formulation of this medication. Therefore, continued use would not be indicated. As such, the requested Tabradol (1mg/1 mL) oral suspension 250 mL is not medically necessary or appropriate.

**Deprizine 15 mg/ml, 250 ml:** 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): 68.

**Decision rationale:** The requested Deprezine (15 mg/1 mL) oral suspension 250 mL is not medically necessary or appropriate. The requested medication contains Ranitidine. The California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants when the patient is at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation does not provide an adequate assessment of the patient's gastro intestinal system to support that the patient is at risk for development of disturbances related to medication usage. Additionally, the clinical documentation does not support the need for an oral suspension of this medication. Therefore, continued use would not be indicated. As such, the requested Deprezine (15 mg/1 mL) oral suspension 250 mL is not medically necessary or appropriate.

**Dicopanol 5 mg/ml, 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) Pain Chapter, Insomnia Treatments

**Decision rationale:** The requested Dicopanol (5 mg/1 mL) oral suspension 150 mL is not medically necessary or appropriate. The requested medication contains diphenhydramine. Official Disability Guidelines state that sedating antihistamines have been suggested as sleep aids; however, tolerance seems to develop within a few days. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Additionally, the clinical documentation does not support the need for a liquid formulation for this patient. Also, there is no adequate assessment of the patient's sleep hygiene to support the need for medication management of insomnia related to pain. As such, the requested Dicopanol (5 mg/1 mL) oral suspension 150 mL is not medically necessary or appropriate.

**Fanatrex 25 mg/ml, 420 ml:** 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 and Antiepilepsy drugs (AEDs), Page(s): 60 and 16.

**Decision rationale:** Decision for Fanatrex (gabapentin) (25 mg/1 mL) oral suspension 420 mL is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of chronic pain be supported by a quantitative assessment of symptom relief, and documentation of increased functional benefit. It is noted that the patient

has temporary pain relief with medications and an improved ability to have restful sleep; however, there is no objective evidence of functional improvement or symptom relief. Additionally, the clinical documentation does not provide any evidence that the patient requires an oral suspension of this medication. Therefore, the continued use would not be indicated. As such, Fanatrex (gabapentin) (25 mg/1 mL) oral suspension 420 mL is not medically necessary or appropriate.