

Case Number:	CM13-0051626		
Date Assigned:	12/27/2013	Date of Injury:	08/21/2013
Decision Date:	06/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 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 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 injured worker is a 51 year old male with an injury reported on 8/21/2013. The clinical note dated 11/13/13 reported that the injured worker complained of sharp, stabbing right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. The physical examination findings reported the injured worker's right shoulder had slight crepitus with range of motion. The range of motion to his right shoulder was reported as flexion to 75 degrees, extension to 20 degrees, abduction to 30 degrees, and adduction to 15 degrees. The injured worker's diagnoses included eye pain, visual disturbances, right shoulder impingement syndrome, right shoulder tenosynovitis, right elbow medial epicondylitis, lumbar spine sprain/strain, and bilateral knee sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED KETOPROFEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: According to the California MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. There was a lack of documentation as to why the injured worker could not utilize the pill form of this medication. The injured worker did not show any objective signs of functional improvement while on the medication. The request does not include the dose or quantity of the proposed medication. As such, the request is not medically necessary.

COMPOUNDED CYCLOPHENE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS states that muscle relaxants such as Cyclophene (Cyclobenzaprine) are not indicated for topical use as there is no evidence of their efficacy. There was a lack of documentation why the injured worker could not utilize the pill form. Also, since the indicated prescription is to be applied to the shoulder it is contraindicated by the guidelines, which state that topicals should not be applied to the spine, hip, or shoulder. The request does not include the dose or quantity of the proposed medication. As such, the request is not medically necessary.

SYNAPRYN ORAL SUSPENSION: Upheld

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

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

Decision rationale: Synapryn contains Tramadol and glucosamine, as well as other proprietary ingredients. The California MTUS guidelines recognize Tramadol (Ultram) as a central acting synthetic opioid analgesic that is not recommended as a first-line oral analgesic. It is unclear what the efficacy of Synapryn is on the injured worker's pain (functional improvement, etc.). There was a lack of documentation as to why the injured worker could not utilize the pill form. The request does not include the dose or quantity of the proposed medication. As such, the request is not medically necessary.

TABRADOL ORAL SUSPENSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: Tabradol contains Cyclobenzaprine (flexeril), methylsulfonylmethane, and other proprietary ingredients. According to the California MTUS guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; however, the addition of Cyclobenzaprine to other agents is not recommended. Furthermore, it is unclear how long the injured worker had been utilizing Tabradol and there is a lack of documentation on the efficacy of Tabradol for the injured worker's pain. There was a lack of documentation why the injured worker could not utilize the pill form. The request does not include the dose or quantity of the proposed medication. As such, the request is not medically necessary.

DEPRIZINE ORAL SUSPENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

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

Decision rationale: Deprizine contains ranitidine and other proprietary ingredients. Ranitidine is in a group of drugs called histamine-2 blockers. The California MTUS guidelines recommend an H2-receptor when the concurrent use of SSRIs and NSAIDs are associated with moderate excess relative risk of serious upper GI events when compared to NSAIDs alone. There is a lack of documentation of medication side-effects reported by the injured worker that would warrant the use of a histamine-2 receptor. The injured worker fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. There was also lack of documentation why the injured worker could not utilize the pill form. The request does not include the dose or quantity of the proposed medication. As such, the request is not medically necessary.

FANATREX ORAL SUSPENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Fanatrex contains gabapentin and other proprietary ingredients. The California MTUS guidelines recognize that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. It is unclear what the efficacy of Fanatrex is for the injured worker's pain. There was a lack of documentation as to why the injured worker could not utilize the pill form. The request does not include the dose or quantity of the proposed medication. As such, the request is not medically necessary.

DICOPANOL ORAL SUSPENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Dicopanor contains diphenhydramine and other proprietary ingredients. According to the Official Disability Guidelines for insomnia treatment, sedating antihistamines have been suggested for sleep aids (e.g. diphenhydramine (Benadryl)). Due to diphenhydramine's adverse effects, the U.S. National Committee for Quality Assurance (NCQA) has included it in the HEDIS (Healthcare Effectiveness Data and Information) recommended list of high-risk medications to avoid in the elderly. It is unclear what the efficacy of diphenhydramine is for the injured worker's insomnia. Also, it was unclear the longevity of prescribed diphenhydramine, and if the injured worker had experienced any side-effects of this medication. Furthermore, there was a lack of clinical information indicating the injured worker had complained of insomnia or difficulty sleeping. Moreover, there was a lack of documentation on why the injured worker could not utilize the pill form. The request does not include the dose or quantity of the proposed medication. As such, the request is not medically necessary.