

Case Number:	CM13-0052651		
Date Assigned:	04/09/2014	Date of Injury:	11/15/2012
Decision Date:	05/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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, has a subspecialty in Interventional Spine 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 51 year-old female who was injured on 11/15/12 when she slipped and fell. She has been diagnosed with cervicalgia, radiculopathy; left shoulder pain; left wrist pain; thoracic spine pain; lumbar pain, radiculopathy; abdominal discomfort; anxiety disorder; mood disorder; and sleep disorder. According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. [REDACTED] provides several compounded topicals and compounded oral suspensions and recommends PT 3x6. On 10/7/13 UR recommended non-certification of the compounded topicals and solutions and PT.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS/NSAIDs Page(s): 111-113.

Decision rationale: According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. I have been asked to review for a compounded topical containing Ketoprofen. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states Ketoprofen is not FDA approved for topical applications. Therefore any compounded product that contains Ketoprofen is not recommended.

COMPOUNDED CYCLOPHENE 5% IN PLO GEL 120GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS /NSAIDs /LIDOCAINE/ CAPSAICIN/BACLOFEN/ GABAPENTIN/KETAMINE Page(s): 111-113.

Decision rationale: According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. I have been asked to review for a compounded topical Cyclophene. MTUS states Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical compound Cyclophene is reported to contain cyclobenzaprine, a muscle relaxant. MTUS discusses topical muscle relaxants noting a study on baclofen, but states: Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The use of Cyclophene is not in accordance with MTUS guidelines.

SYNAPRYN 10MG/1ML 500ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS/GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 111-113.

Decision rationale: According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. I have been asked to review for Synapryn. It is unknown why the physician is recommending the compounded oral solution of the medications rather than the conventional tablet forms. Synapryn is an oral suspension that contains tramadol and glucosamine as well as other proprietary ingredients. MTUS in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since

components of "other proprietary ingredients" are unknown, they cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS.

TABRADOL 1MG/ML 250ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERILÂ®)/MSM (METHYLSULFONYLMETHANE)/CRPS, MEDICATIONS Page(s): 41-42,63,37-.

Decision rationale: According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. I have been asked to review for Tabradol. Tabradol is an oral suspension containing cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. MTUS on page 111, under topical analgesics, gives a general statement on compounded medications: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Tabradol is reported to contain MSM, MSM is not FDA approved for medical treatment of any condition. MTUS guidelines under MSM redirects the reader to DMSO for treatment of a regional inflammatory reaction with CRPS. The patient does not have CRPS. Tabradol would not be recommended under MTUS criteria. MTUS also states, under cyclobenzaprine, that it is not recommended to

DEPRIZINE 15MG/ML 250ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. I have been asked to review for Deprizine. It is unknown why the physician is recommending the compounded oral solution of the medications rather than the conventional tablet forms. The medical report does not discuss any history of GERD, or any of the MTUS risk factors for GI events. Deprizine is a compound with ranitidine and other proprietary ingredients. MTUS in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since components of "other proprietary ingredients" are unknown, they cannot be compared against MTUS criteria, and the patient does not appear to meet any of the MTUS criteria for GI risk factors that would allow use of an H2 receptor antagonist on a prophylactic basis. The request is not in accordance MTUS guidelines.

DICOPANOL 5MG/ML 150ML: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) (FOR EXAMPLE) ODG GUIDELINES, PAIN CHAPTER ONLINE FOR INSOMNIA TREATMENT ([HTTP://WWW.ODG-TWC.COM/ODGTWC/PAIN.HTM#INSOMNIATREATMENT](http://www.odg-twc.com/odgtwc/pain.htm#insomniatreatment)).

Decision rationale: According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. I have been asked to review for Dicopanol solution. It is unknown why the physician is recommending the compounded oral solution of the medications rather than the conventional tablet forms. Dicopanol is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients. MTUS in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since components of "other proprietary ingredients" are unknown, they cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS.

FANATREX 25MG/ML 420ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDS)/TOPICAL ANALGESICS Page(s): 16-18,111-113.

Decision rationale: According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. It is unknown why the physician is recommending the compounded oral solution of the medications rather than the conventional tablet forms. Fanatrex is a compound with gabapentin and other proprietary ingredients. MTUS in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since components of "other proprietary ingredients" are unknown, they cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS.

UNKNOWN PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Page(s): 98-99.

Decision rationale: According to the 10/6/13 orthopedic report from [REDACTED], the patient presents with 5-6/10 pain in the neck, left shoulder, left wrist/hand, mid back and 6-7/10 pain in the low back, and she still experiences stress, anxiety, insomnia, depression and abdominal discomfort. I have been asked to review for "unknown" physical therapy. The 10/6/13 report from [REDACTED] states "the patient is to continue the course of PT for the C/S, left shoulder, left wrist, T/S, and L/S in a frequency of 3 times per week for a period of 6 weeks". The physician is requesting an additional 18 PT visits. MTUS recommends up to 8-10 sessions of PT for various myalgias and neuralgias. The request for 18 visits exceeds the MTUS recommendations.