

<b>Case Number:</b>	CM13-0052955		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	10/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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:

Injured worker is a female with date of injury 9/15/2010. Per special comprehensive orthopedic consultation report for established patient, the injured worker complains of pain in her right upper extremity. She has right shoulder pain traveling to her neck described as shooting, throbbing and tingling, rated as 7-9/10. Right wrist pain is described as shooting, throbbing and tingling, rated as 7-9/10. The pain wakes her up at night. She reports dropping things and is unable to lift anything heavy. She is currently taking Norco and acetaminophen for pain and finds it helpful. She has been using flubiprofen 20% and cyclobenzaprine 10% + gabapentin 10% which has increased her sleep from 4 hours per night to 6 hours per night. On exam she has reduced grip strength on right by Jamar, tenderness to palpation of right hand. Her right shoulder tenderness to palpation at the supraspinatus and infraspinatus. She has positive Neer's impingement sign of the right shoulder. Range of motion of the right shoulder is reduced. Right elbow has medial epicondyle tenderness and lateral epicondyle tenderness with normal range of motion. Right wrist has positive Phalen's test, Tinel's sign, Finkelstein's test with normal range of motion. Diagnoses include 1) right shoulder internal derangement 2) right wrist carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF COMPOUNDED KETOPROFEN 20%, 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 TOPICAL ANALGESICS Page(s): 111-112.

**Decision rationale:** Ketoprofen 20% is a topical NSAID medication. The Chronic Pain Medical Treatment Guidelines report that topical Ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The request for 1 prescription of compounded Ketoprofen 20% in PLO gel 120 gm is determined to be not medically necessary.

**1 PRESCRIPTION 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 CYCLOBENZAPRINE SECTION; TOPICAL ANALGESICS Page(s): 41,42,63,64,111,112.

**Decision rationale:** The guidelines support the use of topical analgesics when trial of anticonvulsants and antidepressants have failed. There is no indication in the clinical documents that these approaches have been utilized and failed to warrant the use of topical analgesics. The use of topical cyclobenzaprine is addressed specifically by the guidelines, however, any active ingredient of a compounded topical analgesic must be recommended, or the topical compounded agent is not recommended. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The use of cyclobenzaprine is only recommended as an option, using a short course of therapy with the greatest effect in the first 4 days of treatment. The injured worker has pain from an injury that occurred over 3 years ago, and there is no indication in the history of an acute exacerbation that would necessitate the use of a muscle relaxant. The request for 1 prescription compounded cyclophene 5% in PLO gel, 120 grams is determined to not be medically necessary.

**1 PRESCRIPTION SYNAPRYN 10MG/1ML ORAL SUSPENSION 500 ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82,83,93,94.

**Decision rationale:** Synapryn is an oral suspension of tramadol. The guidelines state that tramadol is not recommended as a first-line oral analgesic. Clinical documents indicate that the injured worker has been taking Norco with benefit. Although the requesting physician provided supplemental information to support the use of Synapryn, the addition of tramadol when Norco

is being utilized is not addressed. The request for 1 prescription Synapryn 10 mg/mL oral suspension 500 mL is determined to not be medically necessary.

**1 PRESCRIPTION DEPRIZINE 15MG/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 NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** Deprizine contains ranitidine hydrochloride in an oral suspension. Ranitidine is an H2 receptor antagonist. The guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of a gastrointestinal event as she is 30 years old with no additional criteria as listed in the guidelines. Additionally, the only NSAID that the injured worker has been prescribed is ketoprofen, which has been determined to not be medically necessary. The request for 1 prescription Deprizine 15 mg/mL oral suspension 120 mL is determined to not be medically necessary.

**1 PRESCRIPTION TABRADOL 1MG/ML ORAL SUSPENSION 150ML: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41,42,63,64.

**Decision rationale:** Tabradol is cyclobenzaprine in oral suspension. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The use of cyclobenzaprine is only recommended as an option, using a short course of therapy with the greatest effect in the first 4 days of treatment. The injured worker has pain from an injury that occurred over 3 years ago, and there is no indication in the history of an acute exacerbation that would necessitate the use of a muscle relaxant. The request for 1 prescription Tabradol 1 mg/mL oral suspension 150 mL is determined to not be medically necessary.

**1 PRESCRIPTION FANATREX 25MG/ML ORAL SUSPENSION 420 ML: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-19.

**Decision rationale:** Fanatrex is an oral suspension of gabapentin. Anti-epilepsy drugs are recommended for neuropathic pain. The injured worker presents with positive impingement signs in her right shoulder, radiation of pain distally, and carpal tunnel syndrome. Review of clinical reports indicates that she has significant symptoms in her right upper extremity that may benefit from the use of an anti-epilepsy drug such as gabapentin. She is reported to tolerate oral suspension medications over pills. The request for Fanatrex 25 mg/mL oral suspension 420 mL is determined to be medically necessary.

### **1 PERIODIC UA TOXICOLOGICAL EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN CHAPTER.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DRUG TESTING Page(s): 43, 112.

**Decision rationale:** The use of urine drug screening is supported by the guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Previous testing and clinical notes do not report aberrant behaviour. The injured worker remains in a situation where she has continuous pain despite treatment, but there are no other indicators that the injured worker is at increased risk of illicit drug use or diversion of prescription drugs. The risk of aberrant drug behaviour is considered to be low, and therefore testing should be infrequent, but the request does not specify how periodic this periodic testing is. The request for 1 periodic UA toxicological evaluation is determined to not be medically necessary.

### **DICOPANOL 5 MG/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 Official Disability Guidelines (ODG).

**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 SECTION.

**Decision rationale:** Dicopanol is an oral suspension of diphenhydramine, and is prescribed by the treating physician as a sleep aid for insomnia. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene

practices prior to utilizing a pharmacological sleep aid. The request for diclofenac 5 mg/mL oral suspension 150 mL is determined to not be medically necessary.