

Case Number:	CM13-0054573		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2007
Decision Date:	04/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, elbow, wrist, neck, and low back pain reportedly associated with an industrial injury of March 27, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and manipulative therapy over the life of the claim; oral suspensions; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 25, 2013, the claims administrator denied a request for multiple oral suspensions and topical compounds. The applicant's attorney subsequently appealed. A clinical progress note of November 1, 2013 is highly templated, notable for comments that the applicant reports 8/10 multifocal neck, shoulder, low back, and wrist pain. The applicant is having persistent symptoms, it is further noted. Motor strength about the lower extremities is slightly decreased. The applicant is only able to squat with pain. X rays, MRI imaging, and electrodiagnostic testing are sought. The applicant is asked to perform additional physical therapy and remain off of work, on total temporary disability. Multiple oral suspensions and topical compounds are issued. It appears that the same oral suspension and topical compounds were earlier introduced on a progress note of August 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN CONTAINING GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical compound formulation purposes. The unfavorable recommendation on Ketoprofen resulted the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified, on independent medical review.

CYCLOPHENE 5% GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of the topical agents and/or topical compounds which are, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that the applicant has used these topical gels and oral suspensions on several occasions, for several months, has failed to derive any lasting benefit or functional improvement despite prior usage of the same. The applicant remains highly reliant on medications, physical therapy, diagnostic testing, etc. The applicant is off of work, on total temporary disability, despite prior usage of the gel in question. Continued use of the gel is not indicated, given the lack of functional improvement as defined in MTUS 9792.20f despite prior usage of the same.

FANATREX ORAL SUSPENSION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18 and 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should document the presence or absence of the requisite pain relief and/or improvement of function effected as a result of ongoing Gabapentin usage. The MTUS notes that the applicant should be asked "at each visit" as to whether or not there has been a change in pain or function as a result of Gabapentin usage. In this case, there has been no

documentation on functional improvement despite ongoing usage of Gabapentin or Fanatrex. The applicant is off of work, on total temporary disability. The applicant is highly reliant on various oral and topical agents. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified, on independent medical review.

SAYNAPRYN, A GABAPENTIN -TRAMADOL CONTAINING SUSPENSION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

Decision rationale: Synapryn is an amalgam of Tramadol and Gabapentin, per the National Library of Medicine (NLM). However, page 50 of the MTUS Chronic Pain Medical Treatment Guidelines notes that glucosamine, one of the ingredients in the suspension, is recommended in the treatment of knee arthritis. In this case, however, there is no mention or suspicion of issues related to knee arthritis or arthritis about any other joint. Therefore, the request is not certified.

TABRADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 63.

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

Decision rationale: Tabradol, per the National Library of Medicine (NLM), is a cyclobenzaprine containing oral suspension/compound. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine, a muscle relaxant is not recommended for topical compound formulation purposes. The unfavorable recommendation on cyclobenzaprine results in the entire suspension's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant has used this particular agent for some time, for several months, and has failed to effect any lasting benefit or functional improvement despite prior usage of the same. The applicant remains off of work, on total temporary disability, and remains highly reliant on various medications, compounds, suspensions, physical therapy, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of the Tabradol containing suspension. Accordingly, the request is not certified, on independent medical review.