

Case Number:	CM13-0054807		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2011
Decision Date:	03/18/2014	UR Denial Date:	11/19/2013
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 Internal 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:

This is a 47 year old female who sustained an injury on 03/02/2011 while working as a loan officer for [REDACTED]. She states that she sustained injuries to her head, face, jaw, her entire back and both hips. She was in the process of descending the exterior stairs at work when she slipped and fell, tumbling down approximately 7 stairs. She suffered a concussion due to the head trauma and had bruising all over her body. Diagnostic studies performed include a urine toxicology review dated 11/12/2013, MRI of the cervical spine with flex-ext dated 10/19/2013 with an impression of C5/C6 focal central disc protrusion encroaches the subarachnoid space. Disc measures less than 1.0 mm in neutral, 1.8 mm in extension/flexion. C6/C7 focal central disc protrusion encroaches the subarachnoid space. Disc measures 1.8 mm. Decreased flexion and extension of range of motion, spondylosis, deforming, multilevel. Straightening of the cervical lordosis and no other abnormalities seen. MRI of the lumbar spine with flex/ext dated 10/19/2013 with an impression of L4/L5 diffuse disc bulge effaces the thecal sac and bilateral transiting nerve roots with encroachment to the bilateral exiting nerve roots; facet arthrosis; annular fissure/tear. The disc measures 4.7 mm in neutral, 4.9 mm in extension AND 3.5 mm in flexion. There is decreased flexion and extension of range of motion. Disc desiccation/dehydration and disc space narrowing at L4/L5 indicates degeneration. Straightening of the lumbar lordosis. Multicystic changes of the distal uterus, likely represents nabothian cysts. Clinic noted dated 10/29/2013 documents that the patient complains of headaches, burning, and radicular neck pain and muscle spasms and complains of burning with radicular mid back pain. In the lower back patient complains of burning, radicular lower back pain and muscle spasms. She rates the pain 5-6/10 on a pain analog scale. Her pain is described as constant, moderate to severe, it travels down the bilateral lower extremities, associated with numbness and tingling. The pain is aggravated by prolonged positioning, including sitting, standing, walking, bending,

arising from a sitting position, ascending or descending stairs, and stooping. Her pain is also aggravated by activities of daily living such as getting dressed and performing personal hygiene. The patient denies any bowel or bladder problems. On physical exam inspection of HEENT reveals the head is normocephalic, atraumatic. Good eye level is noted. Her pupils are equal, round, reactive to light and accommodation. Neurological exam the cranial nerves II-XII are intact. On range of motion of the cervical spine the range of motion is decreased with flexion, extension, left rotation, right rotation, left lateral flexion, right lateral flexion. Sensation is diminished over C5, C6, C7, C8 and T1 dermatomes in the bilateral extremities. Motor strength is slightly decreased secondary to pain in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities. Thoracic active range of motion is decreased in flexion, extension, left rotation, right rotation. Dermatome of the thoracic spine is within normal limits. On lumbar spine exam the range of motion is decreased in flexion, extension, left lateral flexion, right lateral flexion, left rotation, right rotation. Straight leg raise is positive both on the left and right. Neurological examination of the lower extremities reveals slightly decreased sensation to pin-prick and light touch at the L4, L5 and S1 dermatomes bilaterally. Motor strength is slightly decreased at the bilateral lower extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. Vascular pulses are 2+ and symmetrical in the lower extremities bilaterally. Diagnosis: headaches, facial pain, cervical spine strain, sprain r/o HNP, cervical spine radiculopathy, thoracic spine strain/sprain, lumbar spine strain/sprain r/o HNP, lumb

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD Ketoprofen 20% in PLO Gel 120grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal ant inflammatory agents Page(s): 111-112.

Decision rationale: According to the CA MTUS, this request has not been approved by the FDA as a topical application. "It has an extremely high incidence of photocontact dermatitis."

CMPD Cycophene 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS, there are no documented reasons to support muscle relaxants for topical application

Synapryn (10mg/1ml oral suspension 12 ml): Upheld

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

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

Decision rationale: The active ingredients for the requested medication is Tramadol hydrochloride, therefore the Tramadol guidelines were used in this conclusion. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Further, the combination of the ingredients in synapryn has not been approved for use.

Tabradol 1mg/ml Oral Suspension 250 ml: 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): 64.

Decision rationale: According to the guidelines, cyclobenzaprine should only be used for a short course of therapy. Dosing recommendations state no longer than 2-3 weeks. The requested prescription is for 250ml, at 5ml per dose allows for 50 doses. If the patient uses the medication twice a day, this would allow more than the 2-3 week recommendation. Additionally, it is not clear if the patient has used this medication previously and what the response was on the previous attempt. The requested use of this medication does not fit within guidelines and therefore is not approved.

Deprizine 15 mg/ml oral suspension 25: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI risk Page(s): 69.

Decision rationale: Deprizine is a H2 receptor antagonist which can be considered when there is concurrent use of SSRI's and NSAIDs which have excess relative risk of serious upper GI events. There is no documented GI findings to warrant this medication.

Dicophandol (diphenhydramine) 5 mg/ml oral suspension 150ml: 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, Insomnia

Decision rationale: The guidelines state "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance". The records provided do not adequately discuss the patient's insomnia and justification for diphenhydramine use which fits within guidelines.

Fanax (Gabapentin) 25mg/ml oral suspension 420ml: 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): 64.

Decision rationale: The CA MTUS guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". There is no recommendation for the glucosamine ingredient listed for this medication.