

Case Number:	CM13-0056311		
Date Assigned:	12/30/2013	Date of Injury:	03/02/2011
Decision Date:	05/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/22/2013

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 Pain 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:

The patient is a 48 year old female who was injured on 3/2/11. The patient slipped and fell down a flight of stairs at work. She sustained an injury to the right zygomatic arch, and sustained facial contusion, and fracture of two teeth at the right side of her mandible. Prior treatment history has included physical therapy, acupuncture, Dicopanol, Deprizine, Fanatrex, Synapryn, Tabradol, compounded Ketoprofen, and compounded Cyclobenzaprine. An MRI of the cervical spine dated 4/23/12 revealed mild intervertebral disc desiccation at C5-6 and C6-7 with a 2mm central disc protrusion at C6-7. There is no significant central canal or neural foraminal narrowing at any level. There is no evidence of neural impingement. A medication summary report dated 7/2/13 and 5/7/13 did not detect any of the prescribed medications. An MRI of the lumbar spine dated 4/23/12 revealed a 3mm disc herniation containing an annular tear at L4-5 which caused mild narrowing of both lateral recesses with minimal bilateral neural foraminal narrowing. There is no evidence of neural impingement. There is also mild facet arthropathy at L4-5 and L5-S1. A PR-2 dated 10/29/13 indicated that the patient is in for a follow-up visit for headaches, and burning radicular neck pain rated at 5-6/10 that is constant and moderate to severe, radiating to the bilateral upper extremities, associated with numbness and tingling. She has burning radicular mid back pain, and burning radicular low back pain of 5-6/10, which is constant. She complains of burning bilateral hip pain that she rates at 5-6/10. The patient stated she has stress, anxiety, and difficulty sleeping. Objective findings on exam revealed tender suboccipitals, trapezius, and scalene, and decreased range of motion. She has decreased sensation and decreased myotomes. The lumbar spine exam reveals the patient to heel/toe walk with pain and squats to 40%. She is tender to palpation at the greater trochanter bilaterally with decreased range of motion. The patient is diagnosed with headaches, facial pain, cervical spine sprain/strain, cervical spine radiculopathy, thoracic spine sprain/strain, lumbar spine sprain/strain, lumbar spine

radiculopathy, bilateral hip pain, anxiety disorder, mood disorder, sleep disorder, and stress. The usage of the medications has been explained to the patient. She has been advised to stop taking the medications if she has any problems with them. The use of medications will be monitored closely for effectiveness and possible dependency.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND KETOPROFEN 20% IN PLO GEL, 120 GMS: Upheld

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

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

Decision rationale: According to the California MTUS guidelines, compounded Ketoprofen gel is not recommended for neuropathic pain. The medical records document that the patient is diagnosed with lumbar spine radiculopathy, cervical spine radiculopathy, and facial pain; thus, this medication is not indicated for this patient according to the MTUS guidelines. As such, the request is not medically necessary.

COMPOUND CYCLOPHENE 5% IN PLO GEL, 120 GMS: Upheld

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

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

Decision rationale: According to the California MTUS guidelines, compounded Cyclophen gel is not recommended for neuropathic pain. The medical records document that the patient is diagnosed with lumbar spine radiculopathy, cervical spine radiculopathy, and facial pain; thus, this medication is not indicated for this patient according to the MTUS guidelines. As such, the request is not medically necessary.

SYNAPRYN (10MG/1ML ORAL SUSPENSION, 12ML): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on www.drugsb.eu/drug.php?d=Synapryn&m=Fusion?harmaceuticals?lc&id=7bdb51a-e381-4d83-ba8e-a7562ced650f.xml.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-82.

Decision rationale: Synapryn contains Tramadol hydrochloride and glucosamine. As per the California MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The records submitted do not demonstrate that this patient has demonstrated objective functional improvement, increased functional activities, or reduction in pain level. This patient had several urine drug screens performed, and the results did not show compliance with prescribed medications. Further, the combination of the ingredients in Synapryn has not been approved for use. Thus, the request is not medically necessary.

TABRADOL 1MG/ML ORAL SUSPENSION 250ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22434, and en.wikipedia.org/wiki/Methylsulfonylmethane.

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

Decision rationale: Tabradol contains methylsulfonylmethane (MSM) and Cyclobenzaprine. As per the California MTUS guidelines, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. It is recommended for the short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines further note that Cyclobenzaprine is not recommended to be used longer than 2-3 weeks. Records submitted indicated that this patient has chronic neuropathic pain and there is documentation of acute exacerbation of the lower back pain. Additionally, according to the guidelines any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request is not medically necessary.

DEPRIZINE 15MG/ML ORAL SUSPENSION 250 ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/deprizine.html.

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

Decision rationale: According to the California MTUS guidelines, Deprizine suspensions contain Ranitidine, an H2 receptor antagonist, which can be considered when there is concurrent use of SSRIs and NSAIDs that have excess relative risk of serious upper GI events. The medical records submitted for review did not include documentation of subjective or objective GI events or ulcers to warrant the use of this medication. Additionally, it is unclear why the employee is unable to take a pill or capsule orally. Therefore, the request is not medically necessary.

FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION 420ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: According to the California MTUS guidelines, Gabapentin and tricyclic antidepressants may be used for a first-line treatment for neuropathic pain. The records review indicates that this patient has neuropathic pain; however, there is no clear indication for the medical necessity of oral suspension. Therefore, the request is not medically necessary.

DICOPHANOL (DIPHENHYDRAMINE) 5MG/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 www.drugs.com/cdi/diphenhydramine.html.

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

Decision rationale: The California MTUS guidelines do not discuss the issue in dispute; hence the Official Disability Guidelines have been consulted. As per the ODG, Dicopanor (diphenhydramine) and other sedating antihistamines have been suggested for sleep aids. Further guidelines indicate that 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. Therefore, the request is not medically necessary.