

<b>Case Number:</b>	CM13-0056683		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/17/2006
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 57 year-old female who was employed as a laborer. The date of injury was September 17, 2006. The injury was due to cumulative trauma. The accepted injury is to bilateral hands and bilateral lower arms. The current diagnoses are bilateral carpal tunnel syndrome and status post left thumb laceration. There are requests for urine toxicology screen and multiple medications. A 11/26/13 primary treating physician progress report states that the patient presents for a follow up visit. She complains of burning bilateral wrist pain and muscle spasms with intermittent moderate to severe, 6/10 weakness, numbness, tingling, and pain radiating to hand and fingers. She is status post left thumb laceration with residual pain, intermittent moderate to severe. The patient states symptoms persist but the medications do offer temporary relief of pain and improve ability to have restful sleep. She denies any problems with medication. The objective finding on physical examination from this date include tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. There is decreased active range of Motion, with a positive Tinel's sign at the wrist, and a positive Phalen's sign. The left thumb exam reveals tenderness to palpation at the end of the left thumb. The range of motion is normal. Sensation and motor strength area decreased in the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETOPROFEN 20% IN PLO GEL, 120GMS:** 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** Ketoprofen 20% in PLO gel, 120gms is not medically necessary per the MTUS guidelines. The MTUS states that topical NSAIDs can be used in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The recommended duration for this is short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder . Topical NSAIDs are not recommended for neuropathic pain. The documentation submitted reveals patient has been on Ketoprofen 20% topical since at least June 2012 which exceeds guideline recommendations. There is no significant increase in function or decrease in pain documented on this medication. The request for Ketoprofen is not medically necessary. There is no clear indication of what body part patient is applying this to. Additionally the MTUS states that topical analgesics are largely experimental. The request for Ketoprofen 20% in PLO gel, 120gms is not medically necessary.

**COMPOUNDED CYCLOPHENE 5% IN PLO GEL, 120GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** Compounded Cyclophene 5% in PLO gel, 120gm is not medically necessary per MTUS guidelines. Cyclophene contains cyclobenzaprine hydrochloride and other proprietary ingredients. The MTUs states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS does not recommend cyclobenzaprine as a topical muscle relaxant. Patient has been on long term Cyclophene without significant improvement in function. The request for compounded cyclophene is not medically necessary.

**SYNAPRYN 10MG/ML ORAL SUSPENSION 500ML:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Synapryn 10mg/ml oral suspension 500ml is not medically necessary per MTUS guidelines. Synapryn contains tramadol and glucosamine, as well as other proprietary

ingredients. Synapryn was prescribed for pain. Patient has been prescribed Synapryn dating back at least since Dec. 2011. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that Synapryn has improved patient's pain or functioning to a significant degree therefore Synapryn is not medically necessary. MTUS guidelines state to discontinue opioids if there is no overall improvement in function, unless there are extenuating circumstances and to continue opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain". From the documentation reviewed Synapryn is not medically necessary and recommended to be non certified.

**TABRADOL 1MG/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 Cyclobenzaprine Page(s): 42.

**Decision rationale:** Tabrodol 1mg/ml oral suspension, 250ml is not medically necessary per MTUS guidelines. Tabrodol contains cyclobenzaprine, methylsulfonylmethane and other proprietary ingredient. Tabrodol was prescribed for muscle spasms. Patient has been prescribed tabradol dating back at least since Dec. 2011. The MTUS states that Cycobenzaprine treatment should be brief with short course of therapy. Additionally the MTUS states that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation states that patient has been on this medication long term with significant functional improvement. Tabrodol is not medically necessary and is recommended to be non certified.

**DEPRIZINE 15MG/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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Deprizine 15mg/ml oral suspension, 150ml is not medically necessary per the MTUS guidelines. Deprizine contains ranitidine and other proprietary ingredients. Ranitidine is an H2 blocker. Ca MTUS does not specifically address H2 blocker, however the California MTUS guidelines recommend the use of proton pump inhibitors for patients taking NSAIDs who are at risk for gastrointestinal events such as patients who are over the age of 65, have a history of a peptic ulcer, GI bleeding, or perforation; concomitant use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. The documentation

indicates that the patient is using a topical NSAID. There is no documentation stating the patient has one of the above risk factors. There is no indication why the patient cannot take an oral pill or capsule. The request for Deprizine 15mg/ml oral suspension 150ml is not medically necessary or appropriate.

**DICOPANOL 5MG/ML ORAL SUSPENSION, 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) Pain (Chronic) , Insomnia treatment.

**Decision rationale:** Dicopanol 5MG/ML oral suspension, 150ML is not medically necessary per ODG guidelines. The MTUS does not specifically mention treatment for insomnia. The ODG states that Dicopanol was prescribed for insomnia and contains Diphenhydramine. The ODG states that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Documentation indicates that patient has been on this medication since Dec. 2011. A May 2013 document indicates that the patient often has difficulty sleeping and is awakened by pain. There is no documentation of a discussion of sleep hygiene with the patient. The long term use of dicopanol is medically necessary or appropriate.

**FANATREX 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 Gabapentin, Functional Restoration Approach to Chronic Pain Management Page(s): 49, 7-8.

**Decision rationale:** Fanatrex 25 mg/ml oral suspension, 420ml is not medically necessary per the MTUS guidelines. Fanatrex contains gabapentin and other proprietary ingredients. Patient has been on this medication since at least Dec.2011. There is no significant increase in function or improvement in pain to continue this medication. Additionally documentation submitted does not indicate why patient cannot take the oral form of this medication. The MTUS states that demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. Without functional improvement continuing Fanatrex 25mg/ml oral suspension would be medically inappropriate. The request for Fanatrex is not medically necessary.

**URINE TOXICOLOGY SCREEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 77.

**Decision rationale:** The Physician Reviewer's decision rationale: Urine toxicology screen is not medically necessary. The MTUS states that a urine drug screen as an option for the presence of illegal drugs. The documentation submitted does not reveal any indication that patient has had medication non compliance or history of illicit drug use. A urine toxicology screen is not medically necessary.