

<b>Case Number:</b>	CM13-0056947		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working least at 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 47-year-old male who reported an injury on 05/03/2013 due to cumulative trauma while performing normal job duties the patient reportedly sustained an injury to the bilateral elbows. The patient's most recent clinical evaluation documented that the patient had 9/10 bilateral elbow pain. Objective findings included, restricted range of motion described as 110 degrees in flexion and 70 degrees in pronation and supination bilaterally with a positive cubital Tinel's sign bilaterally. The patient's diagnosis included bilateral cubital tunnel syndrome. The patient's treatment plan included an electrodiagnostic study, periodic drug testing, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20 % 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.

**Decision rationale:** The requested 1 compounded ketoprofen agent 20% gel 120 gm is not medically necessary or appropriate. The clinical documentation submitted for review does

provide evidence that the patient has persistent elbow pain complaints. However, California Medical Treatment Utilization Schedule does not recommend the use of ketoprofen as a topical agent as it is not FDA approved for this formulation for the treatment of chronic pain. Therefore, continued use of this medication would not be supported. As such, with the requested ketoprofen 20% gel 120 gm is not medically necessary or appropriate.

**Tabradol 1mg/ml oral suspension (250 ml): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Tabradol 1 mg/ml oral suspension (250 ml) is not medically necessary or appropriate. The requested medication is an oral formulation of cyclobenzaprine. California Medical Treatment Utilization Schedule does not recommend the extended use of muscle relaxants in the management of a patient's chronic pain. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Additionally, there is no documentation to support that the patient cannot tolerate an oral formulation of this medication. As such, the requested Tabradol 1 mg /ml for oral suspension (250 ml) is not medically necessary or appropriate.

**Synapryn 10 mg/1ml oral suspension (500 ml): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and Glucosamine Page(s): 78, 50.

**Decision rationale:** The requested Synapryn 10 mg/1 ml oral suspension (500 ml) is not medically necessary or appropriate. The requested medication is a compounded medication that contains tramadol and glucosamine. California Medical Treatment Utilization Schedule recommends the use of opioids in the management of chronic pain be supported by documentation of functional benefit, managed side effects, a quantitative assessment of pain relief, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does support that the patient is monitored for aberrant behavior. However, the clinical documentation submitted for review does not provide any evidence of functional benefit or symptom response as a result of the medication usage. Additionally, although glucosamine is recommended management of a patient's chronic pain the efficacy of that medication is not supported by documentation of functional benefit or significant pain response. Also, the clinical documentation submitted for review does not provide any support that the patient cannot tolerate oral formulations of these medications and require an oral suspension. As such, the requested 1 Synapryn 10 mg/1 ml oral suspension (500 ml) is not medically necessary or appropriate.

**Cyclophene 5% gel (120 grams): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested 1 compounded Cyclophene 5% gel (120 gm) is not medically necessary or appropriate. The requested medication is a topical form of cyclobenzaprine. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants as topical analgesics as there is little scientific data to support the efficacy and safety of this type of medication. Therefore, continued use of this medication would not be supported. As such, the requested 1 compounded Cyclophene 5% gel (120 gm) is not medically necessary or appropriate.