MAXIMUS Federal Services

Case Number:	CM13-0056948		
Date Assigned:	06/13/2014	Date of Injury:	08/11/2011
Decision Date:	09/08/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology/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 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 injured worker is a 52-year-old male who reported an injury on 08/11/2011, due to an unknown mechanism of injury. On 09/24/2013, the injured worker complained of burning radicular pain and muscle spasms in his neck rated 7/10, burning bilateral shoulder pain radiating down his arms to his fingers rated 8/10, burning radicular low back pain and spasms rated 8/10, and right knee pain and spasms rated 8/10. On 09/24/2013, the physical examination revealed tenderness to palpation at the paraspinal muscles, both at the cervical spine and lumbar spine. He had tenderness in both shoulders at the acromioclavicular joint. He also walked with an antalgic gait and has tenderness over the portals in his right knee. There were no diagnostic studies submitted for review. The injured worker had diagnoses of post-concussion syndrome, cervicalgia, cervical radiculopathy, bilateral shoulder impingement syndrome, history of rotator cuff tear, lumbago, lumbar radiculopathy, right knee internal derangement, right knee status post arthroscopy, and history of torn medial meniscus. The past treatment included chiropractic therapy and medication. A list of the injured worker's current medications was not submitted for review. The current treatment plan is for compounded ketoprofen 20% in PLO gel 120 g, compounded cyclophene 5% in PLO gel 120 g, Synapryn (10 mg/1 mL) oral suspension 500 mL, Tabradol (1 mg/mL) oral suspension 250 mL, Deprizine (15 mg/mL) oral suspension 250 mL, Dicopanol (diphenhydramine) 5 mg oral suspension 150 mL, and Fanatrex (gabapentin) 25 mg/mL oral suspension.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED KETOPROFEN 20% IN PLO GEL 120 GRAM: 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): 111-112.

Decision rationale: The injured worker has a history of pain in the neck, shoulders, cervical spine, lumbar spine, and right knee. The Chronic Pain Medical Treatment Guidelines state that topical analesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the guidelines state that ketoprofen is a not currently FDA approved for a topical application. There is no rationale why the injured worker would require a topical gel versus oral medications. Therefore, the request for compounded Ketoprofen 20% in PLO gel 120 grams is not medically necessary.

COMPOUNDED CYCLOPHENE 5% IN PLO GEL 120 GRAMS: 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): 111-112.

Decision rationale: The injured worker has a history of pain in the neck, shoulders, cervical spine, lumbar spine, and right knee. The Chronic Pain Medical Treatment Guidelines state that topical analesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, the guidelines state that there is no evidence for use of muscle relaxants as a topical product. The compounded gel contains a muscle relaxant, making the request not medically supported. There is no rationale why the injured worker would require a topical gel versus oral medications. Therefore, the request for compounded Cyclophene 5% in PLO gel 120 grams is not medically necessary.

SYNAPRYN (10MG/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 Page(s): 74-78.

Decision rationale: The injured worker has a history of pain in the neck, shoulders, cervical spine, lumbar spine, and right knee. The Chronic Pain Medical Treatment Guidelines state that for opioids there must be ongoing review and documentation of pain relief, functional status, 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. It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. There is no rationale or documentation of why the injured worker would require an oral suspension versus medicine in the pill form. There was lack of documentation of a pain assessment to include functional benefit, side effects, pain relief and aberrant behavior. Therefore, the request for Synapryn 10 mg/1 mL oral suspension 500 mL is not medically necessary.

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 Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The injured worker has a history of pain in the neck, shoulders, cervical spine, lumbar spine, and right knee. The Chronic Pain Medical Treatment Guidelines state that muscle relaxants (for pain) are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There is no rationale or documentation of why the injured worker would require an oral suspension versus medication in pill form. There was lack of documentation provided of the medication's efficacy to support continuation. In addition, there is no indication of when the injured worker started taking the proposed medication, since it is only recommended for short treatment periods, the request is not medically supported.

DEPRIZINE (15MG/ML) ORAL SUSPENSION 250 ML: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The injured worker has a history of pain in the neck, shoulders, cervical spine, lumbar spine, and right knee. The Chronic Pain Medical Treatment Guidelines state that in regards to Deprizine (Zantac), it is recommended for patients to include age > 65 years; history

of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. There is no rationale why the injured worker would require an oral suspension versus medication in pill form. There is lack of documentation of any GI signs and symptoms for the injured worker, thus making this request not medically supported. In addition, the frequency of the proposed medication was not provided. Therefore, the request for Deprizine (15 mg/mL) oral suspension 250 mL is not medically necessary.

DICOPANOL(DIPHENHYDRAMINE) 5MG ORAL SUSPENSION 150 ML: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Diphenhydramine (Benadryl).

Decision rationale: The injured worker has a history of pain in the neck, shoulders, cervical spine, lumbar spine, and right knee. The ODG guidelines state that sedating antihistamines are not recommended for long term insomnia treatment. There is no rationale or documentation of why the injured worker would require an oral suspension versus medication in pill form. The frequency of the proposed medication was not included in the request. In addition, the subjective complaints and diagnoses are not consistent with the uses for the proposed medication. Therefore,the request for Dicopanol (diphenhydramine) 150 mL is not medically necessary.

FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION: 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 Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: The injured worker has a history of pain in the neck, shoulders, cervical spine, lumbar spine, and right knee. The Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs) are recommended for neuropathic pain, however, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. The guidelines also state that Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no rationale or documentation of why the injured worker would require an oral suspension versus medication in pill form. There was lack of documentation provided of the medication's efficacy to support continuation. Therefore, the request for Fanatrex (gabapentin) 25 mg/mL oral suspension is not medically necessary.