

<b>Case Number:</b>	CM13-0060759		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 has a subspecialty in Pain Medicine and is licensed to practice in New York. 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 63 year old female who sustained an injury on 12/07/10 when she injured her low back. The patient was followed for chronic complaints of low back pain. The clinical record from [REDACTED] on 10/13/13 indicated the patient tripped and fell injuring her low back shoulder and knees. The patient continued to complain of pain at shoulders, knees, and low back rating 7-8/10. On physical examination, the patient had tenderness to palpation in the bicipital groove and along the spine of the scapula. Range of motion in the bilateral shoulders was slightly restricted on extension, abduction or adduction was absent, internal and external rotation were also limited. Impingement signs were positive and there was sensory loss with no evidence of sensory loss in the upper extremities. Weakness was mild in the upper extremities. There was restricted range of motion of the lumbar spine with positive straight leg raise reported bilaterally at 30 degrees. The patient had tenderness to palpation over the patellofemoral joints bilaterally and range of motion was decreased in the knees secondary to pain. Weakness was mild throughout the lumbar and lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO CYCLOPHENE 5 PERCENT PLO GEL 120 GRAMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

**Decision rationale:** Regarding the use of cyclophene 5% gel 120g this is a topical medication that included cyclobenzaprine and other proprietary ingredients. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains cyclobenzaprine which is not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Furthermore, there was no rationale regarding the use of multiple antispasmodic components. Therefore, this compound is not supported as medically necessary.

**RETRO SYNAPRYN 10MG/1ML SUSPENSION 500ML 1 TSP TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 93,94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** Regarding synapryn 10mg suspension this medication contained tramadol and glucosamine and other proprietary ingredients. There was no indication from the clinical records that tramadol could not be taken in its normal oral form. There was no evidence in the clinical records to support the use of a suspension toradol combined with glucosamine. The request is non certified.

**RETRO TABRADOL 1MG/1ML SUSPENSION 250ML 1 TSP 2-3 TIMES A DAY:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-64.

**Decision rationale:** In regards to tabradol 1mg suspension this medication contained cyclobenzaprine and other proprietary ingredients. There was no indication from the clinical record that the patient was unable to take cyclobenzaprine in its normal oral form. There was also no rationale to support combination use of cyclobenzaprine both in the oral and topical forms. The request is non certified.

**RETRO KETOPROFEN 20 PERCENT PLO GEL 120 GRAMS:** Upheld

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

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

**Decision rationale:** Regarding the request for ketoprofen gel 20% 120grams, this reviewer would not have recommended this medication as medically necessary. The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains ketoprofen which is not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. Therefore, this compound is not supported as medically necessary.