

Case Number:	CM13-0066199		
Date Assigned:	01/03/2014	Date of Injury:	12/02/2012
Decision Date:	05/28/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 Management 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:

According to the records made available for review, this is a 53-year-old female with a 12/2/12 date of injury. At the time (10/21/13) of the request for authorization for pharmacy: Ketoprofen/Cyclobenzaprine/Synapryn/Tabradol/Deprizine/Dicopanor/Fanatrex no quantity or duration given, there is documentation of subjective (burning left wrist pain and muscle spasms) and objective (tenderness to palpation over the medial and lateral region of the left wrist, moderate tenderness is noted over the dorsal region of the left wrist, Tinel's wrist and Phalen's is positive, sensation to pinprick and light touch is slightly diminished over C5, C6, C7, C8, and T1 dermatomes in the left upper extremity, motor strength is 4/5 in all the represented muscle groups in the bilateral upper extremities) findings; current diagnoses (left wrist carpal tunnel syndrome, left wrist sprain/strain, left wrist pain, and left wrist contusion); and treatment to date (medication (not specified)).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY: KETOPROFEN /CYCLOBENZAPRINE /SYNAPRYN /TABRADOL /DEPRIZINE /DICOPANOL / FANATREX NO QUANTITY OR DURATION GIVEN:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111,50-51, 77, 121.

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

Decision rationale: Ketoprofen, Ketoprofen (NAP) Cream is a topical analgesic that contains a Non-steroidal anti-inflammatory agent. MTUS Chronic Pain Medical Treatment Guidelines identifies that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications.

Cyclobenzaprine/Synapryn/Tabradol/Deprizine/Dicopanor/Fanatrex no quantity or duration given, MTUS does not address the issue. ODG states co-packs are convenience packaging of a medical food product and a generic drug into a single package that requires a prescription. While the generic drug is FDA-approved, the co-pack of a medical food and FDA-approved drug is not unless the manufacturer obtains FDA approval for the product as a new drug. There are no high quality medical studies to evaluate co-packs on patient outcomes. Therefore, based on guidelines and a review of the evidence, the request for Ketoprofen/Cyclobenzaprine/Synapryn/Tabradol/Deprizine/Dicopanor/Fanatrex, (no quantity or duration given) is not medically necessary.