

Case Number:	CM13-0066789		
Date Assigned:	01/03/2014	Date of Injury:	09/25/2013
Decision Date:	05/27/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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:

The patient is a [REDACTED] employee who has filed a claim for radial styloid tenosynovitis associated with an industry injury of September 25, 2013. Thus far, the patient has been treated with tramadol, etodolac, Polar Frost gel, heat wrap, and physical therapy. In a utilization review report of December 04, 2013, the claims administrator denied a request for compounded cyclophene 5% in PLO gel as guidelines indicate this is not currently FDA approved for topical application; synapryn oral suspension and as there is no documentation of intolerance to standard tramadol formulation as oral tablet; trabradol oral suspension as guidelines indicate that cyclobenzaprine is only recommended for a short course therapy; and compounded ketoprofen 20% in PLO gel as it is not FDA approved for topical application. Review of progress notes shows that patient experiences burning bilateral shoulder pain radiating up to the fingers, which are temporarily relieved with medications. There is weakness, numbness, tingling and pain of the hands and fingers, and tenderness to the shoulder area and wrists bilaterally. Tinel's, Phalen's, and Finkelstein's tests are all positive. There is slight decrease in sensation and over the median and ulnar nerve distribution of the right upper extremity. Patient also reports feelings of anxiety and depression, and sleep problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CYCLOPHENE 5% IN PLO GEL, 120 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Anagesics.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical use. Cyclophene has cyclobenzaprine, a muscle relaxant. In this case, the rationale for use of this medication was not clear. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for compound cyclophene 5% in PLO gel, 120 grams, is not medically necessary or appropriate.

SYNAPRYN 10MG/1ML ORAL SUSPENSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website dailymed.nlm.nih.gov.

Decision rationale: CA MTUS does not address this issue. A search of online resources revealed that Synapryn contains tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit. This drug has not been found by FDA to be safe and effective. Furthermore, there is no clear rationale identifying why a compound/oral suspension is needed for this patient. The request for Synapryn 10 mg/1 ml oral suspension is not medically necessary or appropriate.

TABRADOL ORAL SUSPENSION, 250ML,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 561-563.

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

Decision rationale: Tabradol is cyclobenzaprine hydrochloride with MSM oral suspension. As noted in the Chronic Pain Medical Treatment Guidelines, 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. In addition, Tabradol contains Methylsulfonylmethane (MSM), which is not FDA approved. The request for Taradol oral suspension, 250 ml, is not medically necessary or appropriate.

COMPOUND KETOPROFEN 20% IN PLO GEL, 120 GRAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical applications. In this case, the rationale for use of this medication was not clear. It is unclear why the patient cannot take oral medications instead. There is no discussion concerning the need for variance from the guidelines. The request for compound Ketoprofen 20% in PLO gel, 120 grams, is not medically necessary or appropriate.