

<b>Case Number:</b>	CM13-0068081		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Geriatrics 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 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 injured worker is a 56 year old man with a date of injury of 8/29/13 and a diagnosis of lumbar sprain/strain. The records include a letter of medical necessity from his orthopedic physician advocating for the authorization of several medications, both oral and topical which are at issue in this review. The first report of occupational injury dated 10/1/13 states that he sustained cumulative trauma type injury with resultant neck, shoulder and low back pain. He describes 8-9/10 pain which is burning and radicular with muscle spasms in his back. He also is experiencing stress, anxiety and depression. His physical exam shows that he has pain with heel walking. Toe touch causes back pain with fingers five inches from the ground. He had decreased range of motion of SLR + 40 degrees. His diagnoses included lumbar spine radiculopathy, stress and anxiety disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Ketoprofen 20% in PLP gel, 120gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical ketoprofen in this injured worker, the records do not provide clinical evidence to support medical necessity.

**Compound Cyclophene 5% in PLO gel, 120gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/13 fails to document length of therapy, any improvement in pain, physical exam evidence of spasms functional status or side effects to justify use. Additionally, per the MTUS, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding topical Cyclophene or cyclobenzaprine in this injured worker, the records do not provide clinical evidence to support medical necessity.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

**Decision rationale:** Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document length of therapy, any improvement in pain, functional status or side effects to justify use. The Tramadol is denied as not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/13 fails to document length of therapy or any improvement in pain, physical exam evidence of spasms functional status or side effects to justify use. Regarding oral cyclobenzaprine in this injured worker, the records do not provide clinical evidence to support medical necessity.

**Deprezine 15mg/ml oral suspension 250ml:** 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 Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** Ranitidine is an H2 receptor antagonist that is used to treat ulcers, gastro esophageal reflux disease and esophagitis. The clinical notes do not document a clinical indication or symptoms to justify this medication and therefore the medication is denied as not medically necessary.

**Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml:** 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 Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** Diphenhydramine is an H1 receptor antagonist used in the treatment of allergic symptoms caused by histamine release, insomnia, motion sickness and cough. The clinical notes do not document a clinical indication or symptoms to justify this medication and therefore the medication is denied as not medically necessary.

**Fanatrex (gabapentin) 25mg/ml oral suspension 420ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** Per the chronic pain guidelines for chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document length of therapy or any improvement in pain, functional status or side affects to justify use. The gabapentin is denied as not medically necessary.