

Case Number:	CM13-0072485		
Date Assigned:	01/08/2014	Date of Injury:	05/05/2013
Decision Date:	08/21/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 Family Medicine and is licensed to practice in Utah. 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 26 year-old. The patient's date of injury is 5/05/2013. The mechanism of injury is described as repetitive movement of typing, filing papers, and answer calls injured the neck, right shoulder and right wrist. The patient has been diagnosed with neck pain, cervical spine strain, right shoulder internal derangement rule out rotator cuff tear, and right wrist carpal tunnel, muscle spasm. The patient's treatments have included imaging studies, and medications. The physical exam findings, dated 11/15/2013? show the patient with tenderness to palpation of the paraspinal muscles. There is full range of motion tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle. Full range of motion tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. A decreased range of motion is noted, with positive Tinel's and Phalen's test. The patient's medications have included, but are not limited to, Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED CYCLOPHENE 5% IN PLO GEL 120 GM, TID FOR PAIN AND SPASMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Topical Analgesics Page(s): 111-112.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for prescription of compounded Cyclophene 5 % in pluronic lecithin organogel (PLO) gel 120gm, TID for pain and spasms. MTUS guidelines state the following: any compounded product that contains at least one drug that is not recommended is not recommended. According to the clinical documentation provided and current MTUS guidelines; prescription of compounded Cyclophene 5 % in pluronic lecithin organogel (PLO) gel 120gm, TID for pain and spasms – is not medically necessary and appropriate.

SYNAPRYN 10MG/ML ORAL SUSPENSION 500 ML, 1 TSP TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 50, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Synapryn the patient was taking previously, and what the results/outcome of taking that medication were, a weaning was recommended. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the clinical documentation provided and current MTUS guidelines, Synapryn is not indicated as a medical necessity to the patient at this time.

TABRADOL 1MG/ML ORAL SUSPENSION 250 ML, 1 TSP 2-3X/DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 37, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine. Guidelines Page(s): 41-42.

Decision rationale: MTUS guidelines state the following: Tabradol 1mg/ml oral suspension 250ml, TSP 2-3x/day is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Tabradol requested is not being used for short term therapy. Following guidelines as listed above, there is no indication for the use of Tabradol 1mg/ml oral suspension 250ml, TSP 2-3x/day. Therefore, the request for

Tabradol 1mg/ml Oral Suspension 250ml, 1 Tsp 2-3X/Day is not medically necessary and appropriate.

COMPOUNDED KETOPROFEN 20% IN PLO GEL 120 GM, TID FOR INFLAMMATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for prescription of compounded Cyclophene 5 % in pluronic lecithin organogel (PLO) gel 120gm, TID for pain and spasms. MTUS guidelines state the following: any compounded product that contains at least one drug that is not recommended is not recommended. According to the clinical documentation provided and current MTUS guidelines; prescription of compounded Cyclophene 5 % in pluronic lecithin organogel (PLO) gel 120gm, TID for pain and spasms. Therefore, the request for compounded Ketoprofen 20% in pluronic lecithin organogel (PLO) gel 120gm, TID for inflammation is not medically and appropriate.