

Case Number:	CM14-0000872		
Date Assigned:	01/22/2014	Date of Injury:	08/10/2012
Decision Date:	08/05/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 Emergency Medicine 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 injured worker is a 53-year-old male, who sustained an injury on August 10, 2012. The mechanism of injury occurred from cumulative trauma. Diagnostics have included a June 28, 2014 bilateral shoulder MRI, which were reported as showing supraspinatus tendonitis, mild AC arthrosis; and a lumbar MRI, which showed an L5-S1 herniated disc. Treatments have included medications, acupuncture, and chiropractic. The current diagnoses are lumbar degenerative disc disease, cervical herniated disc, bilateral shoulder bursitis and tendonitis, lumbar radiculopathy. According to the report dated November 13, 2013, the injured worker complained of radicular neck pain and muscle spasms, with the pain radiating to the arms, low back pain radiating to the hips. Exam showed cervical tenderness, positive Spurling's sign, decreased upper extremity sensation and motor strength, lumbar tenderness and spasms, left-sided sacroiliac joint tenderness. According to the May 29, 2014 agreed medical evaluation (AME), the provider recommended under future medical care, electrodiagnostic testing, lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen (20% in 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: The requested Compounded Ketoprofen is not medically necessary. The Chronic Pain Medical Treatment Guidelines do not recommend topical analgesics, as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. The injured worker has radicular neck and radicular low back pain. The treating physician has documented cervical tenderness, positive Spurling's sign, decreased upper extremity sensation and motor strength, lumbar tenderness and spasms, left-sided sacroiliac joint tenderness. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. Therefore, the request is not medically necessary.

Compounded Cyclophene (5% in 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: The requested Compounded Cyclophene is not medically necessary. The Chronic Pain Medical Treatment Guidelines do not recommend topical analgesics, as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants. The injured worker has radicular neck and radicular low back pain. The treating physician has documented cervical tenderness, positive Spurling's sign, decreased upper extremity sensation and motor strength, lumbar tenderness and spasms, left-sided sacroiliac joint tenderness. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. Therefore, the request is not medically necessary.

Synapryn (10mg/1ml - 500ml): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine's - DailyMed Database (www.nlm.nih.gov).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Medications - compounded.

Decision rationale: The requested Synapryn is not medically necessary. The California MTUS/ACOEM Guidelines are silent on this issue. The Official Disability Guidelines do not recommend compounded medications, as there is no clear evidence about whether compounding

medications are more efficacious than the single medication. The injured worker has radicular neck and radicular low back pain. The treating physician has documented cervical tenderness, positive Spurling's sign, decreased upper extremity sensation and motor strength, lumbar tenderness and spasms, left-sided sacroiliac joint tenderness. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. Therefore, the request is not medically necessary.

Tabradol (1mg/1ml - 250ml): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine's - DailyMed Database (www.nlm.nih.gov).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Medications - compounded.

Decision rationale: The requested Tabradol is not medically necessary. The California MTUS/ACOEM Guidelines are silent on this issue. The Official Disability Guidelines do not recommend compounded medications, as there is no clear evidence about whether compounding medications are more efficacious than the single medication. The injured worker has radicular neck and radicular low back pain. The treating physician has documented cervical tenderness, positive Spurling's sign, decreased upper extremity sensation and motor strength, lumbar tenderness and spasms, left-sided sacroiliac joint tenderness. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. Therefore, the request is not medically necessary.

Deprizine (15mg/1ml - 250ml): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine's PubMed Database (www.nlm.nih.gov).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Medications - compounded.

Decision rationale: The requested Deprizine is not medically necessary. The California MTUS/ACOEM Guidelines are silent on this issue. The Official Disability Guidelines do not recommend compounded medications, as there is no clear evidence about whether compounding medications are more efficacious than the single medication. The injured worker has radicular neck and radicular low back pain. The treating physician has documented cervical tenderness, positive Spurling's sign, decreased upper extremity sensation and motor strength, lumbar tenderness and spasms, left-sided sacroiliac joint tenderness. The treating physician has not

documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. Therefore, the request is not medically necessary.

Dicopanol (5mg/1ml - 150ml): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Medications - compounded.

Decision rationale: The requested Dicopanol is not medically necessary. The California MTUS/ACOEM Guidelines are silent on this issue. The Official Disability Guidelines do not recommend compounded medications, as there is no clear evidence about whether compounding medications are more efficacious than the single medication. The injured worker has radicular neck and radicular low back pain. The treating physician has documented cervical tenderness, positive Spurling's sign, decreased upper extremity sensation and motor strength, lumbar tenderness and spasms, left-sided sacroiliac joint tenderness. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. Therefore, the request is not medically necessary.