

Case Number:	CM14-0001462		
Date Assigned:	01/22/2014	Date of Injury:	02/08/2006
Decision Date:	07/21/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 49-year-old male who reported an injury on February 08, 2006. The mechanism of injury was not provided for review. The injured worker ultimately developed chronic pain, which was managed with multiple medications. The injured worker was evaluated on December 09, 2013. Physical findings included reduced grip strength of the right hand, reduced range of motion of the left shoulder, tenderness to palpation of the cervical paraspinal musculature bilaterally, tenderness to palpation of the thoracic spinal musculature bilaterally, and tenderness to palpation of the lumbar paraspinal musculature bilaterally. The injured worker's diagnoses included cervical sprain, thoracic sprain, lumbar sprain, lesion of the ulnar nerve, dizziness and giddiness, insomnia, and lumbar intervertebral disc displacement without myelopathy. The injured worker's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED MEDICATION: KETOPROFEN 20% IN PLO GEL 120GM: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not support the use of ketoprofen as a topical analgesic as it is not FDA approved to treat neuropathic pain in this formulation. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.

COMPOUNDED MEDICATION: CYCLOPHENE 5% IN PLO GEL 120GM: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not support the use of cyclobenzaprine as a topical analgesic as there is little scientific evidence to support the efficacy and safety of this medication in a topical analgesic. Additionally, the request does not include a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.

SYNAPRYN 10ML/1ML ORAL SUSPENSION, 500ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glycossamine and Opioids, On-Going Management Page(s): 50 and 77.

Decision rationale: The requested medication is a compounded liquid medication that includes tramadol and glucosamine. The California MTUS Guidelines do recommend the use of glucosamine in the management of chronic pain. However, the ongoing use of tramadol should be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any indication that the injured worker is monitored for aberrant behavior. Additionally, there is no documentation of functional benefit or a quantitative assessment of pain relief to support the efficacy of this medication. Additionally, the clinical documentation does not provide a justification that the injured worker requires a liquid suspension over a traditional oral formulation. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.

TABRADOL 1MG/ML ORAL SUSPENSION, 250ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested medication is a compounded medication that contains cyclobenzaprine. The California MTUS Guidelines do not recommend the long-term of cyclobenzaprine in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Additionally, the clinical documentation does not clearly justify the need for an oral suspension over a more traditional oral formulation of cyclobenzaprine. Furthermore, the request as it is submitted does not clearly identify of frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.

DEPRIZINE 15MG/ML ORAL SUSPENSION, 250ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested medication contains ranitidine. The California MTUS Guidelines recommends the use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that he is at risk for developing gastrointestinal events. Additionally, the clinical documentation does not clearly justify the need for a liquid formulation versus a more traditional oral formulation. Furthermore, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.

DICOPANOL (DIPHENHYDRAMINE) 5MG/ML ORAL SUSPENSION, 150ML: Upheld

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

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

Decision rationale: The requested medication is a compounded medication that contains cyclobenzaprine. The California MTUS Guidelines do not recommend the long-term of

cyclobenzaprine in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Additionally, the clinical documentation does not clearly justify the need for an oral suspension over a more traditional oral formulation of cyclobenzaprine. Furthermore, the request as it is submitted does not clearly identify of frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.

FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION, 420ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics and Medications for Chronic Pain Page(s): 16 and 60.

Decision rationale: The requested medication is a compounded medication that contains cyclobenzaprine. The California MTUS Guidelines do not recommend the long-term of cyclobenzaprine in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Additionally, the clinical documentation does not clearly justify the need for an oral suspension over a more traditional oral formulation of cyclobenzaprine. Furthermore, the request as it is submitted does not clearly identify of frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request is not medically necessary or appropriate.