

Case Number:	CM14-0002347		
Date Assigned:	01/24/2014	Date of Injury:	05/17/2011
Decision Date:	06/19/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 34 year old male with a date of work injury May 17, 2011. The diagnoses includes status post-surgical tendon repair, severe left ankle sprain/strain, peroneal tendonitis, left foot, ganglion cyst left foot and sleep disorder. There is a November 22, 2013 secondary treating physician progress report which states that the patient complains of residual left ankle pain, swelling at the left ankle and numbness of the left calf and foot. The pain is 6-8/10, constant, moderate to severe and has difficulty sleeping. The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications. The pain is also alleviated by activity restrictions. On physical exam he has a well-healed surgical scar at the dorsum of the foot, mild antalgic gait and is limping. There is a ganglion cyst at the cuboid. He can perform heel and toe walk with pain and can squat to 20%. There is no laxity. He is tender at the surgical site, anterior talofibular ligament and at the peroneal tendon. There is decreased range of motion with pain. The Tinel's is positive at the tarsal tunnel. There is decreased sensation on the left. There is decreased motor strength in left lower extremity. A December 3, 2013 document states that the patient complains of frequent pain in his left ankle. He rates his pain as 7 on a numeric rating scale of 0-10 with 0 being no pain and 10 being most severe pain. He also complains of numbness and states that prolonged standing and walking aggravate his left ankle pain. According to the patient, swelling and a burning sensation are present about his left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED KETOPROFEN 20%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Web-Based Edition, www.dir.ca.gov.

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

Decision rationale: The California MTUS Guidelines state that topical NSAIDS can be used in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The recommended duration for this is short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain. The documentation submitted has no clear indication of what body part patient is applying this to. The documentation indicates that the patient has burning, numbness and tingling in his foot which would be considered neuropathic pain. The request has no duration of use of this medication. Additionally the California MTUS Guidelines state that topical analgesics are largely experimental. The request is not medically necessary.

COMPOUNDED CYCLOPHENE 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: Cyclophene contains Cyclobenzaprine Hydrochloride and other proprietary ingredients. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS does not recommend cyclobenzaprine as a topical muscle relaxant. There is no documentation of muscle spasm. The request is not medically necessary.

SYNAPRYN 500 MILLILITER (ML): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Web-Based Edition, www.dir.ca.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Cyclobenzaprine, Pages 41-42.

Decision rationale: Tabrodol contains Cyclobenzaprine, Methylsulfonylmethane and other proprietary ingredient. The California MTUS Guidelines state that Cyclobenzaprine treatment should be brief with short course of therapy. Additionally the California MTUS Guidelines state that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The documentation does not indicate the patient has muscle spasms. There is no documentation of the necessity of taking medications in liquid form. The request is not medically necessary.

TABRADOL 250 MILLILITER (ML): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Web-Based Edition, www.dir.ca.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page 69.

Decision rationale: There is no documentation of the necessity of taking medications in liquid form. There is no history that patient meets the California MTUS Guideline criteria for a proton pump inhibitor. The patient is over 65 years of age, has a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. California MTUS Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The request is not medically necessary.

DEPRIZINE 250 MILLILITER (ML): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Web-Based Edition, www.dir.ca.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Pages 76-80.

Decision rationale: Synapryn contains Tramadol and Glucosamine, as well as other proprietary ingredients. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the patient is unable to take medications in a non liquid form. The request is not medically necessary.

DICOPANOL 150 MILLILITER (ML): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Web-Based Edition, www.dir.ca.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-insomnia treatment.

Decision rationale: The California MTUS Guidelines do not address insomnia. There is no documentation of the necessity of taking medications in liquid form. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The documentation does not indicate that patient has had a careful evaluation of sleep disturbance or has attempted non-pharmacologic treatment/sleep hygiene. The request is not medically necessary.

FANATREX 420 MILLILITER (ML): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Web-Based Edition, www.dir.ca.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antiepilepsy drugs (AEDs), Pages 16-18.

Decision rationale: There is no documentation of the necessity of taking medications in liquid form. The California MTUS Guidelines recommend Gabapentin for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The documentation does not indicate the necessity of taking this medication in liquid form. The request is not medically necessary.