

<b>Case Number:</b>	CM14-0003292		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	04/01/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational 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 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 patient is an employee of [REDACTED] who has submitted a claim for pain on the right fingers and hand from an associated industrial injury date of April 1, 2012. Treatment to date has included Tramadol/Acetaminophen, Relafen, Diclofenac, CMC Cream, Tramadol Cream, Diclofenac Cream, Deprizine, Dicopanor, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen, Accupuncture, Shockwave therapy and right middle finger release last October 8, 2012. Medical records from 2012-2013 were reviewed showing burning pain on the right wrist and hand, from frequent to constant with a grade of 6/10. On physical examination of the right wrist, tenderness was noted over the carpal tunnel and over the 1st dorsal extensor muscle. Tinel's sign was positive. Triggering was noted on the right ring finger. Examination of the right little finger showed tenderness over the A1 pulley and at the head of the metacarpal bone and metacarpal joint of the 5th digit. MRI of the finger done on March 9, 2013 showed normal results. Utilization review from December 20, 2013 denied the request for 1 prescription for Dicopanor 5mg/mL oral suspension #1, compounded Ketoprofen 120gms #1 and compounded cyclophene 120gms #1 however, reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION FOR DICOPANOL 5MG/ML ORAL SUSPENSION #1: 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 OFFICIAL DISABILITY GUIDELINES (ODG), SECTION PAIN, INSOMNIA.

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. The Official Disability Guidelines (ODG) requires evaluation of sleep issues, including the specific components of insomnia, prior to starting pharmacologic treatment. In this case, there is a clinical finding such as insomnia that would support the use of an antihistamine. However, there is no discussion concerning the employee's sleep hygiene, and if non-pharmacologic management was instituted initially. Therefore, the request for Dicopanol 5mg/ml oral suspension #1 is not medically necessary.

**1 PRESCRIPTION FOR COMPOUNDED KETOPROFEN 120GMS #1:** Upheld

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

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

**Decision rationale:** According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, a non-steroidal anti-inflammatory drug, is not recommended for topical applications. It is still experimental in use with few randomized controlled trials to determine its efficacy. In this case, the employee has been on ketoprofen since November 30, 2012 (13 months to date) with no noted functional improvement. There is no discussion concerning intolerance to oral medications. Therefore, the request for compounded Ketoprofen 120gms #1 is not medically necessary.

**1 PRESCRIPTION FOR COMPOUNDED CYCLOPHENE 120GMS #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (CYCLOPHENE),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** Cyclophene is a 5% gel containing Cyclobenzaprine. According to page 64 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is only recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, the employee has been on Cyclobenzaprine since November 30, 2012 (13 months to date), which is beyond what the guidelines suggests. In addition, there is no evidence to support the use of topical muscle relaxants. There is likewise

absence of muscle spasm in the most recent progress reports. Therefore, the request 1 prescription for compounded Cyclophene 120gms #1 is not medically necessary.