

<b>Case Number:</b>	CM14-0003555		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/27/2013
<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 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 and Rehabilitation, has a subspecialty in Pain Management 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 59-year-old female who reported an injury on 08/01/2007 after she twisted and hit her knee on a desk. The injured worker's treatment history included chiropractic care, acupuncture, physical therapy, and multiple medications. The injured worker's medication schedule included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and ketoprofen cream since at least 03/2013. The injured worker was evaluated on 003/09/2013 and 06/08/2013. It was documented during both appointments that the injured worker had ongoing low back pain radiating into the bilateral lower extremities, rated at an 8/10. The injured worker also complained of left knee pain rated at a 6/10 and ankle pain rated at a 6/10. It was noted that the injured worker's medications did offer temporary pain relief and allowed for restful sleep. The injured worker was monitored for medication compliance with urine drug screens. The injured worker's diagnoses included low back pain, lumbar spine radiculopathy, internal derangement of the knee, and a left ankle sprain/strain. 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 KETOPROFEN 20% IN PLO GEL 120 GRAMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

**Decision rationale:** California Medical Treatment Utilization Schedule does not support the use of ketoprofen as a topical analgesic, as it is not FDA-approved in this formulation. The clinical documentation does not provide any exceptional factors to support extending treatment beyond guideline recommendations. Therefore, continued use of this medication would not be appropriate. As such, the requested compounded ketoprofen 20% in PLO gel 120 grams for dates of service 03/09/2013 and 06/08/2013 is not medically necessary or appropriate.

**COMPOUNDED CYCLOPHENE 5% IN PLO GEL 120 GRAMS:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants as topical agents, as there is little scientific evidence to support the efficacy and safety of these medications in topical formulations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested compounded Cyclophene 5% in PLO gel 120 grams for dates of service 03/09/2013 and 06/08/2013 is not medically necessary or appropriate.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugsdb.eu/drug.php?d=Synapryn&m=Fusion?harmaceutica](http://www.drugsdb.eu/drug.php?d=Synapryn&m=Fusion?harmaceutica).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management and Glucosamine Page(s): 78,50.

**Decision rationale:** The requested medication is a compounded medication that contains tramadol and glucosamine. California Medical Treatment Utilization Schedule does recommend the use of glucosamine in the management of osteoarthritic-related pain. However, California Medical Treatment Utilization Schedule recommends continued use of opioids be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence of managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has improved sleep patterns with a reduction in pain as a result of the medication usage. Additionally, it is noted that the injured worker is monitored with urine drug screens. However, there is no support that a liquid medication is needed for this injured worker. Also, the request as it is submitted does not provide a frequency of treatment. As such, the requested Synapryn 10

mg/1 mL oral suspension 500 mL for dates of service 03/09/2013 and 06/08/2013 is not medically necessary or appropriate.

**TABRADOL 1 MG/ML ORAL SUSPENSION, 250 ML - DATES OF SERVICE:  
03/09/2013 AND 06/08/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfocfm?archiveid>.

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

**Decision rationale:** The requested medication contains cyclobenzaprine in a liquid formula. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. Muscle relaxants should be limited to a duration of 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation indicates that the injured worker has been on this medication since 03/2013. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not provide a frequency of treatment. As such, the requested Tabradol 1 mg/mL oral suspension 250 mL for dates of service 03/09/2013 and 06/08/2013 is not medically necessary or appropriate.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/deprizine.html](http://www.drugs.com/pro/deprizine.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The requested medication contains a gastrointestinal protectant. California Medical Treatment Utilization Schedule recommends 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 they are at risk for developing disturbances related to medication usage. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. As such, the requested Deprizine 15 mg/mL oral suspension 250 mL for dates of service 03/09/2013 and 06/08/2013 is not medically necessary or appropriate.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/deprizine.html](http://www.drugs.com/pro/deprizine.html).

**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 Treatments.

**Decision rationale:** The requested medication contains diphenhydramine. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend the use of these types of medications to assist with restoration of sleep patterns for short durations of treatment. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 03/2013. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Dicopanor 5 mg/mL oral suspension 150 mL for dates of service 03/09/2013 and 06/08/2013 is not medically necessary or appropriate.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

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

**Decision rationale:** California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants in the management of chronic pain. California Medical Treatment Utilization Schedule also recommends that continued use of medications be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker does have pain relief and functional benefit related to medication usage. However, there is no documentation to support that the injured worker requires an oral suspension of this medication. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Fanatrex 25 mg/mL oral suspension 420 mL, for dates of service 03/09/2013 and 06/08/2013, is not medically necessary or appropriate.