

Case Number:	CM14-0005769		
Date Assigned:	01/29/2014	Date of Injury:	09/26/2009
Decision Date:	08/15/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 Pain 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 patient is a 54-year-old male with a 9/26/09 date of injury, when he was removing boxes from a pallet and felt a pop in the neck, left wrist, and lower back. Current medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen cream (per 11/19/13 progress note). The 11/19/13 progress note described burning and radicular neck pain (8/10). The patient is status post left carpal tunnel release with residual pain (4-8/10). There are also complaints of radicular low back pain (7-10/10), as well as anxiety and depression due to inability to work and perform activities of daily living (ADLs). Clinically there is tenderness and reduced range of motion in the cervical spine, positive cervical distraction testing bilaterally. There was tenderness in the carpal tunnel on the left wrist; reduced range of motion; and positive Tinel's and Phalen's testing. Sensation was reduced over the C5-7 dermatomes and over the median nerve distribution. Motor strength testing reveals slightly reduced strength in the bilateral upper extremities. There is tenderness in the lumbar spine with reduced range of motion. Treatment plan discussed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOPHENE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Medical necessity for Cyclophene cream is not established. This topical medication contains cyclobenzaprine, which is a muscle relaxant. However, CA MTUS does not support topical medications that contain muscle relaxants. Any compound product that contains at least one drug or drug that is not recommended is not recommended. The request is not medically necessary.

KETOPROFEN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Medical necessity for Ketoprofen is not established. CA MTUS states that ketoprofen is not recommended for topical application. Any compound product that contains at least one drug or drug last it is not recommended is not recommended. The request is not medically necessary.

TABRADOL: 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
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22434>
(Cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit).

Decision rationale: Medical necessity for Tabradol is not established. This is an oral suspension with Cyclobenzaprine hydrochloride with MSM. CA MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tabradol contains Methylsulfonylmethane (MSM), which is not FDA approved. The request is not medically necessary.