

Case Number:	CM14-0006140		
Date Assigned:	03/03/2014	Date of Injury:	12/17/2010
Decision Date:	07/15/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 42-year-old male who has submitted a claim for shoulder sprain/strain, and lumbar spine sprain/strain with radiculopathy associated with an industrial injury date of 12/17/2010. Medical records from 2012 to 2013 were reviewed. Patient complained of low back pain, graded 8/10 in severity, described as burning, radiating to the right lower extremity. Muscle spasms were noted. Aggravating factors included prolonged sitting, standing, walking, bending, climbing stairs, and stooping. This resulted to difficulty in dressing and self-care. Physical examination revealed weakness at bilateral lower extremities, and diminished sensation at L4, L5 and S1 levels, bilaterally. Reflexes and vascular exam were intact. Patient was able to heel-toe walk. Tenderness was evident paralumbar muscles. Treatment to date has included topical medications, deprizine, and dicoprofanol. Utilization review from 12/23/2013 denied the requests for compounded cyclophene, and compounded ketoprofen because guidelines do not recommend topical products due to lack of published studies concerning efficacy and safety. The request for one dicoprofanol oral suspension was denied because tolerance seemed to develop within a few days after its use; and deprizine oral suspension because there was no evidence that patient had gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED CYCLOPHENE 5% IN PLO (PREMIUM LECITHIN ORGANOGEL) GEL 120 GRAMS: Upheld

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

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

Decision rationale: As stated on page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, use of Cyclobenzaprine as a topical muscle relaxant is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. In this case, patient was prescribed Cyclophene, a topical form of cyclobenzaprine since August 2013. An appeal, dated 12/19/2013, cited that topical formulation was intended to minimize gastrointestinal side effects associated with oral medications. However, progress report from 11/13/13 cited that topical products did not provide relief of symptoms. Topical formulation of cyclobenzaprine is likewise not recommended as stated above. The medical necessity was not established. Therefore, the request for Compounded Cyclophene 5% In Plo (Premium Lecithin Organogel) Gel 120 grams is not medically necessary.

DICOPANOL 5MG/ML ORAL SUSPENSION 150 MLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 11/14/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US Food and Drug Administration, Diphenhydramine.

Decision rationale: Dicopanor is diphenhydramine hydrochloride 5 mg/mL oral suspension. The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA Diphenhydramine was used instead. The FDA states that diphenhydramine is used to treat occasional sleeplessness and difficulty falling asleep. Patient has been on this medication since August 2013 because of reported 4-5 hours sleep per night; however, there was no discussion concerning sleep hygiene. No improvement was likewise reported with the use of Dicopanor. The medical necessity was not established. Therefore, the request for Dicopanor 5mg/ml Oral Suspension 150 MLS per guideline recommendations is not medically necessary.

DEPRIZINE 5MG/ML ORAL SUSPENSION 250 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Depirizine <http://www.drugs.com/pro/deprizine.html>.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers'

Compensation, FDA was used instead. Deprizine is ranitidine with other proprietary ingredients in oral suspension. It is used to treat and prevent ulcers in the stomach and intestines. There is no documentation regarding gastrointestinal symptoms in this patient. The medical necessity was not established. Therefore, the request for Deprizine 5mg/ml Oral Suspension 250 ml is not medically necessary.

COMPOUNDED KETOPROFEN 20% IN PLO (PREMIUM LECITHIN ORGANOGEL) GEL 120 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: As stated on page 111, of the California MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended for topical use as there is a high incidence of photo contact dermatitis. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In this case, patient was prescribed ketoprofen cream since August 2013. An appeal, dated 12/19/2013, cited that topical formulation was intended to minimize gastrointestinal side effects associated with oral medications. However, progress report from 11/13/13 cited that topical products did not provide relief of symptoms. Topical formulation of ketoprofen is likewise not recommended as stated above. The medical necessity was not established. Therefore, the request for Compounded Ketoprofen 20% In PLO (Premium Lecithin Organogel) Gel 120 Grams is not medically necessary.