

Case Number:	CM14-0112908		
Date Assigned:	09/22/2014	Date of Injury:	05/04/2012
Decision Date:	10/21/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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 Interventional Spine 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 50-year-old female with date of injury of 05/04/2012. The listed diagnoses per [REDACTED] from 06/25/2014 are: 1. Sprain of the ligaments of the cervical spine, rule out disk displacement. 2. Radiculopathy of the cervical region. 3. Sprain and strain of the bilateral shoulder joint, rule out derangement. 4. Bilateral shoulder tendonitis. 5. Unspecified sprain of the bilateral wrist. 6. Rule out bilateral wrist carpal tunnel syndrome. 7. Sprain and strain of the thoracic spine. 8. Sprain of the ligaments of the lumbar spine, rule out disk displacement. 9. Radiculopathy of the lumbar region. According to this report, the patient complains of neck, bilateral shoulder, bilateral wrist, mid back, and low back pain. The patient rates her pain 3/10 to 4/10 with muscle spasms. She states that the symptoms persist, but the medications do offer her temporary relief of pain and improve her ability to have a restful sleep. No problems reported with the medications. The pain is also alleviated by activity restrictions. The examination shows mild tenderness at the paraspinal and trapezius muscles in the cervical spine and full range of motion in the cervical spine. There is bilateral tenderness at the AC joint of the bilateral shoulders and full range of motion in the bilateral shoulders with tender scapholunate joint and radial styloid. There is full range of motion in the bilateral wrists. The Phalen's sign is positive with palpable tenderness over the bilateral thoracic paraspinals. Dermatomes are within normal limits. There is tenderness at the lumbar paraspinal muscles with decreased range of motion. Straight leg raise is negative. Slightly decreased sensation to pinprick and light touch in the lumbar spine with motor strength of 4/5. The utilization review denied the request on 07/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% Cream 165 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page 111-127.

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

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, mid back, and low back pain. The physician is requesting Ketoprofen 10% cream 165 g. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS Guidelines further states, Ketoprofen is currently not FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. The records show that the patient was prescribed Ketoprofen cream on 01/15/2014. In this case, MTUS does not support the use of Ketoprofen in topical formulation. This request is not medically necessary.

Cyclobenzaprine 5% cream 100gms: 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): 111.

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, mid back, and low back pain. The physician is requesting cyclobenzaprine 5% cream 100 g. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." In this case, cyclobenzaprine, a muscle relaxant is currently not indicated for topical formulation. This request is not medically necessary.

Synapryn 10mg/1ml #500ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, mid back, and low back pain. The physician is requesting Synapryn, tramadol HCL in oral suspension glucosamine. MTUS page 93 and 94 on tramadol states that it is indicated for moderate to severe pain. Tramadol is a synthetic opioid affecting the central nervous system. For chronic opiate use, the MTUS guidelines page 88 and 89 states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Synapryn on 01/14/2014. The 06/25/2014 report notes, "The patient notes that her symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have a restful sleep." Other than this statement, the physician does not provide before and after analgesia. No specific regarding ADLs, no significant improvement, no mention of quality of life changes and no discussions regarding "pain assessment," as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behaviors such as a urine drug screen. The physician does not provide any discussions on why oral suspension. This request is not medically necessary.

Tabradol 1mg/ml #250 ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available Page(s): 64.

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, mid back, and low back pain. The physician is requesting Tabradol 1 mg/mL 200 mL. Tabradol contains cyclobenzaprine, methylsulfonylmethane, and other proprietary ingredient. MTUS Guidelines page 64 on cyclobenzaprine states that it is recommended for short course therapy with limited mixed evidence does not allow for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effect to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Tabradol on 01/15/2014. The physician does not provide any discussions as to why an oral suspension is needed. Furthermore, cyclobenzaprine is not supported for long-term use per MTUS. This request is not medically necessary.

Deprizine 15mg/ml # 250ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, mid back, and low back pain. The physician is requesting Deprizine 15 mg/mL 250 mL. Deprizine contains ranitidine which is a histamine 2 blocker. While MTUS does not directly discuss ranitidine, for proton pump inhibitors and prophylactic use with NSAIDs, the MTUS Guidelines page 68 and 69 recommends it when there is a GI risk assessment such as age greater 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA or corticosteroids and anticoagulants; high dose multiple NSAIDs. The records show that the patient was prescribed Deprizine on 01/15/2014. In the same report, the physician states that the patient has medication induced gastritis but does not explain how this oral suspension is helpful. It is also not understood why an oral suspension is used rather than a conventional pill. Given the lack of documentation and a good reason for choosing oral suspension rather than pills, this request is considered not medically necessary.

Dicopanol 5mg/ml #150ML: 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 Diphenhydramine (Benadryl)

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, mid back, and low back pain. The physician is requesting Dicopanol 5 mg/mL #150. Dicopanol contains diphenhydramine. The MTUS and ACOEM Guidelines do not address diphenhydramine; however, ODG Guidelines under diphenhydramine states that sedating antihistamines are not recommended for long term insomnia treatment. ODG also notes under insomnia treatment, pharmacological agents should only be used after a careful evaluation of potential cause of sleep disturbance. Failure of sleep disturbance to resolve in 7 to 10 day period may indicate a psychiatric and/or medical illness. Tolerance seems to develop within a few days. The records show that the patient was prescribed Dicopanol on 01/15/2014. While diphenhydramine is indicated for insomnia, it is not understood why the physician uses oral solutions for all medications. Efficacy of this medication is not discussed as ODG cautions against development of tolerance. This request is not medically necessary.

Fanatrex 25mg/ml #420ML: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin Page(s): 18 19.

Decision rationale: This patient presents with neck, bilateral shoulder, bilateral wrist, mid back, and low back pain. The physician is requesting Fanatrex 25 mg/mL 420 mL. Fanatrex contains gabapentin. The MTUS Guidelines page 18 and 19 have the following regarding gabapentin, "gabapentin has been shown to be effective for any treatment of diabetic painful neuropathy and

postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain." This patient suffers from cervical and lumbar radiculopathy and gabapentin is indicated for neuropathic pain. The records show that the patient was prescribed Fanatrex on 01/15/2014. The 06/25/2014 report notes, "The patient notes that her symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have a restful sleep." In this case, while the patient reports "temporary relief of pain" in the use of gabapentin, there is no discussion as to whether or not this medication has been helpful in managing the patient's neuropathic pain. It is also not understood why the physician is using oral suspension rather than pills. ACOEM Guidelines page 492 consider apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. This request is not medically necessary.