

Case Number:	CM14-0118591		
Date Assigned:	08/06/2014	Date of Injury:	05/31/2002
Decision Date:	10/01/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 Medicine and is licensed to practice in Texas. 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 49 year old female who sustained an injury on 05/31/02 when she fell down a flight of stairs injuring her left knee. The injured worker also developed later complaints of neck pain and low back pain and bilateral hands and right shoulder. Prior treatment included extensive physical therapy acupuncture treatment and chiropractic manipulation with only temporary benefit. The injured worker received prior cervical epidural steroid injections which provided temporary improvement. The most recent evaluation was from 04/03/14 in which the injured worker continued to complain of pain in the left knee and ankle. Physical examination noted a normal gait with tenderness in the left medial joint line and patellofemoral joint. There was patellofemoral tenderness to palpation. There was some loss of range of motion in the left knee on flexion/extension. There were positive patellar apprehension and Apley compression signs. At the left ankle there was also loss of range of motion as compared to the right side with decreased sensation in L4 through S1 distribution to the left lower extremity. The injured worker was continued on proprietary medications and topical analgesics. The requested Ketoprofen compounded topical cream and cyclobenzaprine topical compounded cream dicopanil, deprizine, fanatrex, synapryn and tabradol were denied by utilization review on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% Topical Compound Cream 165gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

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

Decision rationale: In review of the requested medication it is the opinion of this reviewer that this compounded medication would not be supported as medically necessary. The last evaluation was from April of 2014 and there are no ongoing assessments for this injured worker establishing the efficacy of this medication in terms of chronic lower extremities complaints. Furthermore guidelines consider compounded medications as requested as experimental/investigational due to the lack of evidence in the clinical literature establishing their efficacy as compared to standard oral medications. Given the lack of any updated indications for this medication this reviewer would not have recommended the request as medically appropriate.

Cyclobenzaprine 5% Topical Compound Cream 100gms: Upheld

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

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

Decision rationale: In review of the requested medication it is the opinion of this reviewer that this compounded medication would not be supported as medically necessary. The last evaluation was from April of 2014 and there are no ongoing assessments for this injured worker establishing the efficacy of this medication in terms of chronic lower extremities complaints. Furthermore guidelines consider compounded medications as requested as experimental/investigational due to the lack of evidence in the clinical literature establishing their efficacy as compared to standard oral medications. Given the lack of any updated indications for this medication this reviewer would not have recommended the request as medically appropriate.

Dicopanol 5mg/ml oral suspension 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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, Medical Foods

Decision rationale: In review of the requested medication it is the opinion of this reviewer that this compounded medication would not be supported as medically necessary. The last evaluation

was from April of 2014 and there are no ongoing assessments for this injured worker establishing the efficacy of this medication in terms of chronic lower extremities complaints. Furthermore guidelines consider compounded medications as requested as experimental/investigational due to the lack of evidence in the clinical literature establishing their efficacy as compared to standard oral medications. Given the lack of any updated indications for this medication this reviewer would not have recommended the request as medically appropriate.

Deprizine 5mg/ml oral suspension 250ml: 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) Pain Chapter, Medical Foods

Decision rationale: In review of the requested medication it is the opinion of this reviewer that this compounded medication would not be supported as medically necessary. The last evaluation was from April of 2014 and there are no ongoing assessments for this injured worker establishing the efficacy of this medication in terms of chronic lower extremities complaints. Furthermore guidelines consider compounded medications as requested as experimental/investigational due to the lack of evidence in the clinical literature establishing their efficacy as compared to standard oral medications. Given the lack of any updated indications for this medication this reviewer would not have recommended the request as medically appropriate.

Fanatrex 25mg/ml oral suspension 420mg: Upheld

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

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, Medical Foods

Decision rationale: In review of the requested medication it is the opinion of this reviewer that this compounded medication would not be supported as medically necessary. The last evaluation was from April of 2014 and there are no ongoing assessments for this injured worker establishing the efficacy of this medication in terms of chronic lower extremities complaints. Furthermore guidelines consider compounded medications as requested as experimental/investigational due to the lack of evidence in the clinical literature establishing their efficacy as compared to standard oral medications. Given the lack of any updated indications for this medication this reviewer would not have recommended the request as medically appropriate.

Synapryn 10mg/ml oral suspension 500ml: Upheld

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

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, Medical Foods

Decision rationale: In review of the requested medication it is the opinion of this reviewer that this compounded medication would not be supported as medically necessary. The last evaluation was from April of 2014 and there are no ongoing assessments for this injured worker establishing the efficacy of this medication in terms of chronic lower extremities complaints. Furthermore guidelines consider compounded medications as requested as experimental/investigational due to the lack of evidence in the clinical literature establishing their efficacy as compared to standard oral medications. Given the lack of any updated indications for this medication this reviewer would not have recommended the request as medically appropriate.

Tabradol 1mg/ml oral suspension 250ml: 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) Pain Chapter, Medical Foods

Decision rationale: In review of the requested medication it is the opinion of this reviewer that this compounded medication would not be supported as medically necessary. The last evaluation was from April of 2014 and there are no ongoing assessments for this injured worker establishing the efficacy of this medication in terms of chronic lower extremities complaints. Furthermore guidelines consider compounded medications as requested as experimental/investigational due to the lack of evidence in the clinical literature establishing their efficacy as compared to standard oral medications. Given the lack of any updated indications for this medication this reviewer would not have recommended the request as medically appropriate.