

Case Number:	CM14-0121343		
Date Assigned:	08/06/2014	Date of Injury:	08/19/2013
Decision Date:	10/02/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 38-year-old male who reported an injury on 08/19/2013 due to a lifting injury. The mechanism of injury was not reported. On 04/22/2014, the injured worker presented with complaints of right elbow pain radiating into the forearm. On examination of the right elbow there was muscle atrophy, tender medial epicondyle, and cubital tunnel. There was decreased range of motion with pain and a positive Cozen's and Tinel's. There was decreased sensation along the course of the ulnar nerve distribution at the 4th and 5th finger in the right upper extremity. The diagnoses were medial epicondylitis at the right elbow and cubital tunnel syndrome on the right. Prior therapy included acupuncture and medications. A current medication list was not provided. The provider recommended Dicopanol, Fanatrex, cyclobenzaprine, Ketoprofen, Tabradol, and Synapryn. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 percent cream tid (three times daily) 100 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain - Compound Drugs

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

Decision rationale: The request for cyclobenzaprine 5 % cream TID (three times daily) 100 grams is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical applications. The guidelines note that cyclobenzaprine is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendonitis for joints amenable to topical treatment. The injured worker's diagnosis was not congruent with the guideline recommendation for topical NSAIDs. Additionally, the site at which the cream was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.

Synapryn 10 mg/1ml oral suspension 1 tsp - 5 ml tid (three times daily) 500 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78, 93,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Synapryn 10 mg/1ml oral suspension 1 tsp 5 ml TID (three times daily) 500 ml is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The provider's rationale for the use of an oral suspension medication as opposed to tablet medication was not provided. Medical necessity has not been established.

Tabradol 1 mg/ml oral suspension 1 tsp 5 ml 2-3 times a day 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 70.

Decision rationale: The request for Tabradol 1 mg/ml oral suspension 1 tsp 5 ml 2-3 times a day 250 ml is not medically necessary. The California MTUS states that all NSAIDs are associated with risk of cardiovascular events including MI, stroke, or onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs

for the shortest duration of time consistent with individual treatment goals. There is lack of documentation that the medical records provided a complete and adequate pain assessment. The efficacy of the medication was not provided. Additionally, the provider's rationale as to why an oral suspension medication was used in place of a traditional tablet medication was not provided. As such, medical necessity has not been established.

Ketoprofen 20 percent cream tid (three times daily) 165 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain - Compound Drugs

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

Decision rationale: The request for ketoprofen 20% cream TID 3 times daily 165 gm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical applications. The guidelines note that cyclobenzaprine is not recommended for topical application. Topical NSAIDs are recommended for osteoarthritis and tendonitis for joints amenable to topical treatment. The injured worker's diagnosis was not congruent with the guideline recommendation for topical NSAIDs. Additionally, the site at which the cream was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.