

Case Number:	CM14-0136112		
Date Assigned:	09/29/2014	Date of Injury:	02/12/2014
Decision Date:	11/04/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/23/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 61-year-old male who reported an injury on February 12, 2014. The mechanism of injury involved a fall. The current diagnoses include right shoulder tendonitis, right shoulder acromioclavicular (AC) arthrosis, right shoulder internal derangement, lumbar disc displacement, lumbar spine degenerative disc disease, and radiculitis in the lower extremity. The injured worker was evaluated on July 21, 2014 with complaints of right shoulder pain and low back pain. Previous conservative treatment is noted to include bracing, physical therapy, and medications. Physical examination revealed decreased range of motion of the right shoulder, diminished sensation over the C5-T1 dermatomes, diminished motor strength in the right shoulder, mild tenderness to palpation of the lumbar spine, decreased lumbar range of motion, and decreased sensation to light touch and pinprick in the L5 distribution. Treatment recommendations at that time included continuation of the current medication regimen. A Request For Authorization form was then submitted on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. As per the documentation submitted, the injured worker's physical examination does reveal limited range of motion, decreased sensation, diminished motor strength, and tenderness to palpation. However, there is no specific body part listed in the current request. There is also no quantity listed. As such, the request is not medically appropriate.

Topical Compound (Ketoprofen 20% Cream, 165gms): Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Topical Compound (Cyclobenzaprine 5% Cream, 100gms): Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended as a topical product. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Dicopanol Oral Suspension (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 Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment

Decision rationale: The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over the counter medication for insomnia treatment. The injured worker does not maintain a diagnosis of insomnia or a chronic condition where an antihistamine may be necessary. There is no indication that this injured worker cannot safely swallow pills or capsules. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Deprizine Oral Suspension (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: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. Therefore, the injured worker does not meet criteria for the requested medication. There is no indication that this injured worker cannot safely swallow pills or capsules. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Fanatrex Oral Suspension (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 Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. There is no indication that this injured worker cannot safely swallow pills or capsules. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Synapryn Oral Suspension (10mg/ml, 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 Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to nonopioid analgesics. There is no indication that this injured worker cannot safely swallow pills or capsules. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Tabradol Oral Suspension (1mg/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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. California MTUS Guidelines do not recommend long-term use of muscle relaxants. There is no frequency listed in the request. There is also no indication that this injured worker cannot safely swallow pills or capsules. As such, the request is not medically appropriate.