

Case Number:	CM14-0157759		
Date Assigned:	10/29/2014	Date of Injury:	04/15/2005
Decision Date:	12/08/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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:

There were 646 pages provided for this review. It was for a prescription for Ketoprofen 20% cream 165 mg and Cyclobenzaprine 5% cream 100 g. The request for independent medical review was signed on October 10, 2014. There were extensive lists of other medicines were also requested. Per the records provided, the patient is described as a 39-year-old man injured back in the year 2005. The patient is status post cervical spine surgery with residual, constant pain, moderate to severe rated five out of 10. It is aggravated by looking up, down and side to side as well as repetitive motion and many other activities. The patient was diagnosed as having a cervical spine sprain-strain, rule out herniated nucleus pulposus. The patient has been taking the suspensions and the other medicines since April 2014. There is no mention of gastroesophageal issues. There is no mention of objective functional improvement. He is 38 years old and he sustained an injury on April 5, 2005 while working as a tree climber crew foreman for Pete's tree services. He was trimming branches and one of the branches broke causing him to fall from a height of 25 feet landing on his back. He is status post cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 165gm: 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.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, page 111, the guidelines notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Therefore, this request is not medically necessary.

Cyclobenzaprine 5% cream 100gm: 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.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, page 111, the guidelines notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Therefore, 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 Pain interventions and treatments Page(s): 12, 13, 83 and 113.

Decision rationale: Synapryn is Tramadol Hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit). The most pharmacologically active component is the Tramadol. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most importantly, there are no long term studies to allow it to be recommended for use past six months. It is unclear why a liquid preparation is needed. Long term use is not supported. Therefore, this request is not medically necessary.

Tabradol 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: Tabradol is a formulation of Cyclobenzaprine. The MTUS recommends Cyclobenzaprine for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Finally, it is not clear why a liquid preparation would be needed. Therefore, 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants

Decision rationale: Deprizine is an antidepressant. The MTUS is silent on this medicine. Regarding antidepressants to treat a major depressive disorder, the Official Disability Guidelines notes: "Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms." In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. Moreover, it is not clear why a liquid preparation is needed. Therefore, this request is not medically necessary.

Dicopanor 5mg/ml 150 ml: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk References, 2014 web edition

Decision rationale: Dicopanor is a suspension including Diphenhydramine. Per the Physician Desk Reference, this is a medicine used for allergy. The records do not portray the patient as

having an allergic condition. The use of the medicine to aid the injury care is not clinically clear based on the records. Moreover, it is not clear why a liquid preparation is essential. The request is not medically necessary.

Fanatrex 25mg/ml 420 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 19.

Decision rationale: Fanatrex is an oral suspension of Gabapentin. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anticonvulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. Moreover, it is not clear why a liquid preparation of the medicine would be needed. The request is not medically necessary under the MTUS evidence-based criteria.

Twelve (12) Acupuncture sessions for the cervical spine, bilateral shoulders, bilateral elbows and bilateral wrist, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This is a request for 12 sessions. Therefore, under the MTUS Acupuncture criteria, the 12 sessions of acupuncture are not medically necessary.

Terocin patches (unknown prescription): 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. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, under Terocin

Decision rationale: Per the Physician Desk Reference, Terocin is a topical agent that contains: Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. The MTUS Chronic Pain section notes: "Salicylate topicals: Recommended. Topical salicylate (e.g., Ben-Gay, Methyl Salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded. Topical Analgesics: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." These agents however are all over the counter; the need for a prescription combination is not validated. Therefore, this request is not medically necessary.