

Case Number:	CM14-0159138		
Date Assigned:	10/23/2014	Date of Injury:	04/01/2014
Decision Date:	11/25/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 & Rehabilitation & Pain 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:

The injured worker is a 45-year-old male who reported an injury on 04/01/2014. The mechanism of injury is not provided. On 04/28/2014 the injured worker presented with complaints of left knee pain and swelling. Upon examination there was patellar tenderness and swelling and faronm of the knee. Diagnoses included contusion of the knee. Current medications included Ultracet. The provider recommended oral suspension of Synapryn, Tabradol, Deprizine, Dicopanlol, Fanatrex, an orthopedic consultation, Ketoprofen cream, Cyclobenzaprine cream, and Terocin patches. The provider's rationale was not provided. The Request for Authorization form was note 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:

Synapryn 10mg/ml oral susp 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): 78.

Decision rationale: The request for Synapryn 10mg/ml oral susp 500ml is not medically necessary. California MTUS 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 evidence. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. The efficacy of the prior use of the medication was not provided. Additionally the provider's rationale as to why an oral suspension is needed as opposed to traditional oral tablets was not provided. The frequency of the medication was also not provided in the request as submitted. As such, medical necessity has not been established.

Tabradol 1mg/ml oral susp 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 (Flexeril) Page(s): 41.

Decision rationale: The request for Tabradol 1mg/ml oral susp 250ml is not medically necessary. California MTUS Guidelines recommend Tabradol as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. The provided medical records lack documentation of significant objective functional improvement with the use of this medication. The provider's rationale for this request was not provided. There is no rationale as to why an oral suspension of the medication is needed in place of traditional oral tablets. The efficacy of the prior use of the medication was not provided. Additionally the provider does not indicate the frequency in the request as submitted. As such, medical necessity has not been established.

Deprizine 15mg/ml oral susp 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 Page(s): 69.

Decision rationale: The request for Deprizine 15mg/ml oral susp 250ml is not medically necessary. California MTUS Guidelines state proton pump inhibitors may be recommended for injured worker's with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendations. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider's rationale as to why an oral suspension medication is needed as opposed to traditional tablet medications was not provided. The frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

Dicopanol 5mg/ml oral susp 150ml: 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 Page(s): 69.

Decision rationale: The request for Dicopanol 5mg/ml oral susp 150ml is not medically necessary. California MTUS Guidelines recommended an H2 receptor antagonist for treatment of dyspepsia secondary to NSAID therapy and recommend switching to a different NSAID or considering an H2 receptor agonist or PPI. The injured worker does not have a diagnosis congruent with the guideline recommendation. Additionally the provider's rationale for an oral suspension as opposed to traditional tablet medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Fanatrex 25mg/ml oral susp 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 Anti-epilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Fanatrex 25mg/ml oral susp 420ml is not medically necessary. California MTUS Guidelines state Fanatrex has been shown to be effective for diabetic pain for neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiative treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of an AED is based on improved outcomes versus tolerability and adverse effects. The efficacy of the prior use of the medication was not provided. The provider's rationale was not provided. The medical documents did not indicate the injured worker had significant difficulties taking traditional oral tablet medications which would indicate the injured worker's need for oral suspension medications. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

Orthopedic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for orthopedic consultation is not medically necessary. The California MTUS/ACOEM Guidelines state that consultation is intended to aid and assess in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or examinee's fitness to return to work. There is no clear rationale to support the need for consultation. As such, medical necessity has not been established.

Ketoprofen cream 20%, 165gms: 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: The request for Ketoprofen cream 20%, 165gms is not medically necessary. California MTUS Guidelines states that transdermal compounds are largely experimental in use with few randomized control 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. Medications that are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetic, antidepressants, and glutamate receptor antagonists. There is little to no research to support the use of any of these agents. The provider does not indicate the side at which the cream is indicated for, the site, or the frequency on the request as submitted. As such, medical necessary has not been established.

Cyclobenzaprine 5% 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.

Decision rationale: The request for Cyclobenzaprine 5% cream, 100gms is not medically necessary. California MTUS Guidelines states that transdermal compounds are largely experimental in use with few randomized control 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. Medications that are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetic, antidepressants, and glutamate receptor antagonists. There is little to no research to support the use of any of these agents. The provider does not indicate the side at which the cream is indicated for, the site, or the frequency on the request as submitted. As such, medical necessary has not been established.

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 rationale: The request for Terocin patches, unknown prescription is not medically necessary. California MTUS Guidelines states that transdermal compounds are largely experimental in use with few randomized control 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. Medications that are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin, local anesthetic, antidepressants, and glutamate receptor antagonists. There is little to no research to support the use of any of these agents. The provider does not indicate the side at which the cream is indicated for, the site, or the frequency on the request as submitted. As such, medical necessary has not been established.