

Case Number:	CM14-0161662		
Date Assigned:	10/07/2014	Date of Injury:	09/18/2007
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 57-year-old female who reported an injury on 09/18/2007, reportedly when a cabinet fell on her at work. The injured worker sustained injuries to her neck, mid back, lower back, right shoulder, and right lower extremity. The injured worker's treatment history included right knee surgery, acupuncture sessions, chiropractic care, physical therapy sessions, EMG/NCV studies, topical medications, pain medications, and epidural steroid injections. The injured worker was evaluated on 09/23/2014, and it was documented the injured worker complained of increased neck, back, and shoulder pain. There was tingling and numbness of both wrists. She feels her carpal tunnel syndrome was getting worse. She was able to work, however, her low back pain was increased with prolonged sitting at work. There was tingling and numbness of the lower extremities and low back. The injured worker rated her shoulder pain at 2-3/10 on the pain scale. Her neck pain was rated at 3/10 on the pain scale. Her upper back pain was rated at 10/10 on the pain scale, and her lower back was rated at 6/10 on the pain scale. Physical examination of the right shoulder revealed there was tenderness to palpation of the anterior shoulder and posterior shoulder. Speed's caused pain on the right. Yergason's caused pain on the right. Flexion was 130/180 degrees. Extension was 40/50 degrees. Abduction was 40/50 degrees. Abduction was 120/180 degrees. Internal rotation was 40/90 degrees, and external rotation was 60/90 degrees. There was tenderness to palpation of the anterior shoulder bicipital groove, infraspinatus, posterior shoulder and supraspinatus press caused pain. Yergason's caused pain. Shoulder range of motion was decreased and painful. There was tenderness to palpation over the anterior shoulder and posterior shoulder. Speed's caused pain on the right. Yergason's caused pain on the right. Flexion was 125/180 degrees. Extension was 40/50 degrees. Adduction was 40/50 degrees. Abduction was 115/180 degrees. Internal rotation was 45/90 degrees. External rotation was 60/90 degrees. There was tenderness to palpation over the anterior

shoulder, bicipital groove, infraspinatus, posterior shoulder, and supraspinatus press caused pain. Yergason's caused pain. Right elbow: There was tenderness to palpation of the anterior elbow, lateral elbow, medial elbow, and posterior elbow. Valgus caused pain. Varus caused pain. Left elbow: There was tenderness to palpation of the anterior elbow, lateral elbow, medial elbow, and posterior elbow. Valgus caused pain. Varus caused pain. Wrist examination revealed palpation nonspecific tenderness at both wrists. Palpation indicated moderate on the right. Finkelstein's was positive and Tinel's was positive and increased right arm discomfort. No signs of instability or deformation. Cervical spine examination revealed reflexes for the biceps were normal bilaterally. Reflexes for the triceps were normal bilaterally. Ranges of motion were decreased and painful. Flexion was 45/50 degrees. Extension was 20/60 degrees. Right lateral bending was 15/45 degrees. Left lateral bending was 30/45 degrees. Right rotation was 45/80 degrees, and left rotation was 45/80 degrees. There was tenderness to palpation of the cervical paravertebral muscles. Cervical compression caused pain. Spurling's caused pain. Cervical distraction caused pain. Foraminal compression caused pain. Range of motion was guarded in all directions. Distraction test was negative on both sides. Foraminal compression test and shoulder depressor test revealed pain on the right side. Lumbar spine examination revealed leg raise increased pain at 45 degrees on the left side. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Tramadol, Menthol, and Cyclobenzaprine. Diagnoses included headache, cervical sprain, thoracic sprain, lumbar sprain, lumbar radiculopathy, myalgia, and mitosis unspecified, internal derangement of the knee, carpal tunnel syndrome, wrist sprain/strain, sprain of unspecified side of shoulder and upper arm, disorders of bursae and tendons in the shoulder region unspecified, spasm of muscle, anxiety state unspecified, and unspecified sleep disorder. Request for Authorization dated 09/23/2014 was for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/deprizine.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69..

Decision rationale: The request is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did not indicate the injured worker having gastrointestinal events. The provider failed to indicate the frequency and quantity medication on the request that was submitted. In addition, the provider failed to indicate long term functional goals or medication pain management outcome measurements for the injured worker. The request that was submitted for review failed to include duration, frequency, dosage, and quantity of medication. As such, the request for Deprizine is not medically necessary.

Dicopanol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph,(<http://www.drugs.com/pro/dicopanl.html>.)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Insomnia Treatment.

Decision rationale: The request is not medically necessary. According to Official Disability Guidelines (ODG) state that those over-the-counter medications: such as Dicopanl are sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. The documents submitted for review failed to indicate the long-term functional goals for the injured worker to include medication management. The request submitted failed to indicate frequency, dosage, quantity, duration of medication. As such, the request for Dicopanl is not medically necessary.

Fanatrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (<http://www.drugs.com/pro/fanatrex.html>.)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Gabapentin Page(s): 16..

Decision rationale: The request is not medically necessary. The California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been utilizing this medication. The request that was submitted failed to indicate duration, frequency, dosage, and quantity of medication. As such, the request for Fanatrex is not medically necessary.

Synapryn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=594bad96-d0e0-4a12-8a38-762962f54a66>)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Tramadol Page(s): 78 & 113.

Decision rationale: The request for Synapryn 10 mg/1ml oral suspension 500 ml is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guideline does not recommend Tramadol as a first-line oral analgesic. The criteria for use for ongoing-management of Opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of Opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. The request that was submitted for review failed to indicate frequency, duration, quantity, and doses of medication. As such, the request for Synapryn is not medically necessary.

Tabradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (<http://www.drugs.com/cons/fusepaq-tabradol.html>.)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Tabradol (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Tabradol to other agents is not recommended. Tabradol -treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Tabradol is closely related to the tricyclic antidepressants and Amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. The request that was submitted failed to indicate frequency, duration, quantity, and dosage of medication. As such, the request for Tabradol is not medically necessary.

Capsaicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Topical Analgesic; Topical Capsaicin; Lidocaine Page(s): 105; 111; 28 ;112.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request that was submitted failed to indicate frequency, duration, quantity, and dosage of medication. As such, the request for Capsaicin is not medically necessary.

Flurbiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen Page(s): 111; 72.

Decision rationale: The California MTUS indicates topical analgesics are 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....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The request that was submitted failed to indicate frequency, duration, quantity, and doses of medication. As such, the request for Flurbiprofen is not medically necessary.

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Tramadol Page(s): 111; 82.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The request that was submitted

failed to indicate frequency, duration, quantity, and dosage of medication. As such, the request for Tramadol is not medically necessary.

Menthol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin; Topical Analgesics; Topical Salicylates Page(s): 28; 111; 105.

Decision rationale: The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The request that was submitted failed to include frequency, duration, quantity, dosage, and duration of medication. As such, the request for Menthol is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: California MTUS indicate that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The addition of Cyclobenzaprine to other agents is not recommended. They do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. Tabradol is a compounding kit for oral suspension of Cyclobenzaprine and Methylsulfonylmethane. A search of ACOEM, California MTUS guidelines and Official Disability Guidelines, along with the National Guideline Clearinghouse (NCG) and the PubMed database returned no discussion on Tabradol. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. There was a lack of evidence based literature for the oral compounding of Cyclobenzaprine and Methylsulfonylmethane over the commercially available oral forms and the lack of medical necessity requiring an oral suspension of these medications. California MTUS Guidelines recommend Cyclobenzaprine for the management of back pain. However, it recommends a short, brief treatment. The request that was submitted failed to

indicate frequency, duration, quantity, dosage, and duration of medication. As such, the request for Cyclobenzaprine is not medically necessary.