

Case Number:	CM14-0163851		
Date Assigned:	10/28/2014	Date of Injury:	12/15/1999
Decision Date:	12/12/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/06/2014

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:

This patient is a 63 year old male who has developed a chronic pain syndrome subsequent to a fall on 12/15/99. The majority of his pain complaints emanate from the cervical spine with radiation into the upper extremities. He has been diagnosed with a cervical spondylosis with an associated radiculopathy. His long-term primary treating physician had been prescribing moderate amounts of opioid medications and recommending activity based rehabilitation. In June '14 a new primary treating physician has prescribed/recommended multiple compounds and food products. Prior urine drug screen was performed on 2/17/14 and 6/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Synapryn 10/mg/1ml 500 ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guideline Clearinghouse

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

Decision rationale: The MTUS Guidelines do not directly address the issue of oral compounded drugs. Official Disability Guidelines do address this issue and provide guideline recommendations. Synapryn 10mg. is a compounded oral suspension of Tramadol. Official Disability Guidelines do not recommend the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. Therefore, the compounded Synapryn 10mg/cc Oral Suspension 500mg is not medically necessary.

3 Shockwave Therapy sessions for the bilateral shoulders and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal Shockwave Therapy

Decision rationale: The MTUS Guidelines and Official Disability Guidelines support very limited indications for Shockwave therapy. For the upper extremities Shockwave therapy is only indicated for calcific tendonitis of the shoulder. This diagnosis has not been established which makes the request inconsistent with guidelines. Therefore, the 3 shockwave therapy sessions for the bilateral shoulders and right wrist are not medically necessary.

6 Shockwave Therapy sessions for the cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Shockwave Therapy

Decision rationale: MTUS Guidelines do not support the use of shockwave therapy for spinal conditions. Official Disability Guidelines directly address the use of shockwave therapy for low back pain and it is not recommended. There is no mention of this therapy for the cervical spine, but it is a logical to extend the lower back spine recommendations to the rest of the spine. Therefore, the 6 shockwave therapy sessions for the cervical and lumbar spine are not medically necessary.

6 localized intense neurostimulation therapy (LINT) sessions for the lumbar spine: 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) Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: LINT (localized intense neurostimulation therapy) is essentially the same as electroceutical therapy which is mentioned in the MTUS Guidelines. The guidelines specifically state that this is not recommended. Therefore, the LINT treatments 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): 111-113.

Decision rationale: Terocin Cream and/or patches are a compounded blend of several over the counter products plus Lidocaine 2.5%. MTUS Chronic Pain Medical Treatment Guidelines specifically do not support the use of topical Lidocaine 2.5% for chronic pain conditions. The guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Per MTUS Guidelines standards, the compounded Terocin is not medically necessary.

1 prescription of 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): 111-113.

Decision rationale: MTUS Guidelines are very specific with the recommendations that only agents FDA approved for topical use be considered medically necessary. The guidelines specifically note that topical Ketoprofen is not FDA approved for topical use and is not recommended. Therefore, the compounded topical Ketoprofen 20% cream is not medically necessary.

1 prescription of Cyclobenzaprine 5% Cream 100gm #1: 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): 111-113.

Decision rationale: MTUS Guidelines specifically state that topical muscle relaxants are not recommended. There are no unusual circumstances to justify an exception to guidelines. Therefore, the topical Cyclobenzaprine 5% cream 100gm is not medically necessary.

1 prescription of Dicopanol 5mg/ml 150ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guideline Clearinghouse

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

Decision rationale: MTUS Guidelines do not directly address the issue of oral compounded drugs. Official Disability Guidelines do address this issue and provide guideline recommendations. Dicopanol 5mg. MI is a compounded oral suspension of Diphenhydramine (Benadryl). Guidelines do not recommend the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. Also, guidelines do not recommend compounded drugs that contain over the counter medications which Benadryl is. Therefore, the compounded Dicopanol 5mg/ml Oral Suspension is not medically necessary.

1 prescription of Deprizine 15mg/ml oral suspension 250ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guideline Clearinghouse

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

Decision rationale: MTUS Guidelines do not directly address the issue of oral compounded drugs. Official Disability Guidelines do address this issue and provide Guideline recommendations. Deprizine 15mg. MI is a compounded oral suspension of Ranitidine (Zantac). Guidelines do not recommend the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. Also, guidelines do not recommend compounded drugs that contain over the counter medications which Zantac is. Therefore, the compounded Deprizine 15mg/ml Oral Suspension 250mg is not medically necessary.

1 prescription of Fanatrex 25mg/ml 420ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Drugs.

Decision rationale: MTUS Guidelines do not directly address the issue of oral compounded drugs. Official Disability Guidelines do address this issue and provide guideline recommendations. Fanatrex 15mg. MI is a compounded oral suspension of Gabapentin. Guidelines do not recommend the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. Therefore, the compounded Fanatrex 25mg/ml Oral Suspension 420ml is not medically necessary.

1 prescription of Tabradol 1mg/ml 250ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and National Guideline Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded drugs.

Decision rationale: Tabradol is a compounded form of Cyclobenzaprine (Flexeril) which is a muscle relaxant. MTUS Guidelines do not support its use beyond 2-3 weeks. In addition, there is no medical reason what his would need to be supplied as a compounded drug. MTUS and Official Disability Guidelines do not support the use of Tabradol. Therefore, this request is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine Drug Screens

Decision rationale: MTUS Guidelines supports the rational use of urine drug screens (UDS) to rule out concurrent illegal drug use and possible diversion of prescribed medications. MTUS Guidelines do not detail a reasonable frequency of testing. Official Disability Guidelines do detail what is considered to be a reasonable frequency of testing and this is based on a risk analysis. The requesting physician does not acknowledged the two prior urine drug screen testing a few months earlier and the requesting physician does not document high risk behaviors. Under

these circumstances testing once per year is recommended. The repeat urine drug test is not medically necessary.