

Case Number:	CM14-0164569		
Date Assigned:	10/09/2014	Date of Injury:	10/07/2013
Decision Date:	11/26/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 44-year-old male with a reported injury on 10/07/2013. The mechanism of injury was a crush injury when a 600 pound box fell forward and crushed his right hand. The injured worker's diagnoses included right elbow sprain/strain, rule out internal derangement, right carpal tunnel syndrome, right wrist ganglion cyst, right wrist triangular fibrocartilage complex repair, finger pain, status post right hand crush injury, and right hand osteonecrosis. The injured worker's past treatments included medications and physical therapy. He declined acupuncture. The injured worker's surgical history included repair of the right triangular fibrocartilage complex. The injured worker's diagnostic testing included MRIs of the right wrist, elbow, and hand on 06/06/2014. The right wrist MRI was suggestive of carpal tunnel syndrome, neutral ulnar variance with subtle ulnotriquetral impaction, triangular fibrocartilage complex tear, minimal fluid in the radioscaphoid, ulnotriquetral and pisotriquetral joint spaces, and small bone cysts in the capitates and lunate. The right elbow MRI revealed a partial thickness tear of the medial collateral ligament, radiohumeral joint effusion, and ulnohumeral joint effusion. The MRI of the right hand was unremarkable. The injured worker was evaluated on 09/10/2014 for complaints of burning right elbow pain with muscle spasms. He described his pain as constant and moderate to severe, rated as 8/10. The pain was aggravated by gripping, grasping, reaching, pulling, and lifting. He also complained of weakness, numbness, tingling, and pain radiating to the hand and fingers. The injured worker stated that medications offered him temporary relief of pain and improved his ability to have restful sleep. He denied any problems with the medication. The pain is also alleviated by activity restrictions. Focused right elbow examination revealed tenderness to palpation over the right elbow. Range of motion was measured at 120/140 degrees of flexion, 0/0 degrees of extension, 70/90 degrees of pronation and supination. A focused examination of the right wrist, hand, and fingers revealed tenderness to palpation over the carpal

bones. The range of motion was measured at 40/60 degrees of flexion, 40/60 degrees of extension, 15/20 degrees of radial deviation, and 10 to 30 degrees of ulnar deviation. The clinician also noted that the third, fourth, and fifth fingers were lacking closure, and he was unable to fully flex at the distal and proximal interphalangeal joints. Neurological examination of the bilateral upper extremities revealed decreased sensation to pinprick and light touch along the C5, C6, C7, C8, and T1 dermatomes in the right upper extremity. Motor strength was decreased secondary to pain in the right upper extremity. Deep tendon reflexes were 2+ and symmetrical in the bilateral upper extremities. The treatment plan was to continue medications, periodic urine toxicology examinations, right wrist cock-up splint wrist brace, TENS unit and replaceable pads, and Terocin patches for pain relief. The injured worker's medications were noted to include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The requests were for Ketoprofen 20% cream 165 grams, Cyclobenzaprine 5% cream 100 grams, Synapryn 10 mg/ml oral suspension 500 ml, Tabradol 1 mg/ml oral suspension 250 ml, Deprizine 15 mg/ml oral suspension 250 ml, Dicopanol 5 mg/ml oral suspension 150 ml, Fanatrex 25 mg/ml oral suspension 420 ml, 1 periodic UA toxicology evaluation, and unknown prescription of Terocin patches. The rationale for these requests will be discussed in the rationale portion of the report. Multiple Request for Authorization forms were submitted.

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 Topical NSAIDS.

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

Decision rationale: The request for Ketoprofen 20% cream 165 grams is not medically necessary. The injured worker continued to complain of right hand, wrist, and elbow pain. CA MTUS Chronic Pain Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketoprofen is not currently FDA approved for topical application. Additionally, the request did not include a site, frequency, or amount of application. Therefore, the request for Ketoprofen 20% cream 165 grams is not medically necessary.

Cyclobenzaprine 5% Cream 100gm: 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 request for Cyclobenzaprine 5% cream 100 grams is not medically necessary. The injured worker continued to complain of right hand, wrist, and elbow pain. The California MTUS Chronic Pain Guidelines state that there is no evidence for use of any muscle relaxant as a topical product. Additionally, the request did not include a site, frequency, or amount for application. Therefore, the request for Cyclobenzaprine 5% cream 100 grams is not medically necessary.

Synapryn 10mg/MI Oral Suspension 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): 80. Decision based on Non-MTUS Citation Pain Chapter, Compound Drugs.

Decision rationale: The request for Synapryn 10 mg/mL oral suspension 500 mL is not medically necessary. The patient continued to complain of right hand, wrist, and elbow pain. Synapryn includes Tramadol and Glucosamine as its active ingredients. The California MTUS Guidelines state that Opioids should be continued if the patient had returned to work or if the patient has improved functioning and pain. The Official Disability Guidelines do not recommend compound drugs as a first line therapy and go on to state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The injured worker rated his elbow pain as 7/10 on 05/05/2014, 06/04/2014, and 07/09/2014. His right hand and wrist pain was rated 5/10 on those dates. On 08/06/2014 and 09/10/2014, the injured worker rated his hand, wrist, and elbow pain as 8/10. The provided documentation did not indicate improved function or decreased pain with use of the medication. No rationale was provided for the use of an oral suspension versus a tablet. Additionally, the request did not include an amount or frequency of dosage. Therefore, the request for Synapryn 10 mg/mL oral suspension 500 mL is not medically necessary.

Tabradol 1mg/MI Oral Suspension 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 based on Non-MTUS Citation Pain Chapter, Compound Drugs

Decision rationale: The request for Tabradol 1 mg/mL oral suspension 250 mL is not medically necessary. The injured worker continued to complain of right hand, wrist, and elbow pain. The active ingredient in Tabradol suspension is Cyclobenzaprine. The California MTUS Chronic Pain Guidelines recommend Cyclobenzaprine as an option using 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 injured worker has been prescribed Tabradol 1 mg/mL oral suspension since at least 05/05/2014. The Official Disability Guidelines state that compound

drugs are not recommended as a first line of therapy, and any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. No rationale was provided for the use of an oral suspension versus a Cyclobenzaprine tablet. Additionally, the request did not indicate an amount or frequency of dosing. Therefore, the request for Tabradol 1 mg/mL oral suspension 250 mL is not medically necessary.

Deprizine 15mg/MI Oral Suspension 250 MI: 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): 68. Decision based on Non-MTUS Citation Pain Chapter, Compound Drugs

Decision rationale: The request for Deprizine 15 mg/mL oral suspension 250 mL is not medically necessary. The injured worker continued to complain of pain to his right hand, wrist, and elbow. The California MTUS Chronic Pain Guidelines recommend the use of Proton Pump Inhibitors, not histamine 2 blockers, for patients who are currently on nonsteroidal anti-inflammatory drugs and at high risk for gastrointestinal events. High risk determination would be made by an age greater than 65 years; a history of peptic ulcer, GI bleeding, or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or high dose, multiple nonsteroidal anti-inflammatories. The Official Disability Guidelines state that compound drugs are not recommended as a first line of therapy, and any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The documentation did not support a determination of high risk for gastrointestinal events. There is no documentation to support the use of a liquid versus a traditional oral tablet. Additionally, the request did not include an amount or frequency of dosing. Therefore, the request for Deprizine 15 mg/mL oral suspension 250 mL is not medically necessary.

Dicopanол 5mg/MI Oral Suspension 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 Pain Chapter, Compound Drugs and Insomnia

Decision rationale: The request for Dicopanол 5 mg/mL oral suspension 150 mL is not medically necessary. The injured worker continued to complain of pain in his right hand, wrist, and elbow. The active ingredient in Dicopanол oral suspension is Diphenhydramine Hydrochloride. Documentation from the clinician indicates that Dicopanол was prescribed for the treatment of insomnia. The Official Disability Guidelines recommend correcting deficits for the treatment of insomnia. Insomnia must be defined as a difficulty in sleep initiation or maintenance, and/or early awakening. Also characterized by impairment and daily function due to sleep insufficiency. The insomnia must be classified based on symptoms, duration, and/or etiology; and the guidelines recommend that treatment be based on the etiology. The provided

documentation did not include any complaints from the patient regarding insomnia or impairments due to sleep insufficiency. Compound drugs are not recommended as a first line therapy. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Medical necessity for pharmacologic treatment of insomnia has not been established based on the provided documentation. Additionally, this request did not include an amount or frequency for dosing. There was no documentation to support the use of an oral suspension instead of oral tablets for this patient. Therefore, the request for Dicopanol 5 mg/mL oral suspension 150 mL is not medically necessary.

Fanatrex 25mg/ML Oral Suspension 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 Gabapentin (Neurontin), Page(s): 49. Decision based on Non-MTUS Citation Pain Chapter , Compound Drugs

Decision rationale: The request for Fanatrex 25 mg/mL oral suspension 420 mL is not medically necessary. The injured worker continued to complain of right hand, wrist, and elbow pain. The California MTUS Guidelines do recommend gabapentin for a first line treatment for neuropathic pain. However, the Official Disability Guidelines state that compounded drugs are not recommended as a first line of therapy. The provided documentation did not include a reason that the patient could not take an oral tablet versus an oral suspension. Additionally, the request did not include an amount or frequency of dosing. Therefore, the request for Fanatrex 25 mg/mL oral suspension 420 mL is not medically necessary.

One (1) Periodic UA Toxicology Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps To Avoid Misuse/Addiction and the Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction, Page(s): 94-95.

Decision rationale: The request for 1 periodic UA toxicology evaluation is not medically necessary. The injured worker continued to complain of right hand, wrist, and elbow pain. The California MTUS Chronic Pain Guidelines do recommend frequent random urine toxicology screens to avoid the misuse of or addiction to Opioids. The provided documentation did not indicate when the last toxicology screen was or any aberrant behavior. Additionally, as the previous request for Synapryn was not approved, the ancillary procedure of UA toxicology evaluation would not be approved. The medical necessity for the request has not been established based on the provided documentation. Therefore, the request for 1 periodic UA toxicology evaluation is not medically necessary.

Unknown Prescription of Terocin Patches: Upheld

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

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

Decision rationale: The request for unknown prescription of Terocin patches is not medically necessary. The patient continued to complain of right hand, wrist, and elbow pain. The California MTUS Chronic Pain Guidelines do recommend topical Lidocaine for localized neuropathic pain after there has been evidence of a trial of first line therapy, such as tricyclic or SNRI antidepressants, or an antiepilepsy drug such as Gabapentin or Lyrica. Topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The active ingredients in Terocin patches are Lidocaine and Menthol. The request did not include a site of application or a frequency of dosing. Medical necessity has not been established based on the provided documentation. Therefore, the request for unknown prescription of Terocin patches is not medically necessary.