

<b>Case Number:</b>	CM14-0167596		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/16/11 and was subsequently injured in a significant motor vehicle accident with injuries including a subarachnoid hemorrhage. Multiple MRI scans were obtained in June 2013. An MRI of the left wrist included findings of a chronic left distal ulnar styloid fracture. A thoracic spine MRI had shown degenerative changes. An MRI of the left knee had shown severe chondromalacia without meniscal tear. An MRI of the lumbar spine had shown multilevel disc bulging. She was seen on 10/07/14. MRI scan results from June 2013 were reviewed. She continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness tingling and bilateral knee pain. The 08/12/14 physical examination findings included cervical spine, trapezius, sternocleidomastoid, and levator scapula muscle tenderness with positive cervical distraction and compression testing. There was decreased upper extremity sensation. The injured worker had thoracic and lumbar spine tenderness with quadratus lumborum and lumbosacral junction tenderness. She had decreased lumbar spine range of motion with positive Lasgue test. She had bilateral knee joint and patellofemoral tenderness with crepitus. There was decreased lower extremity sensation and decreased strength. Treatments referenced include acupuncture and use of medications. And recommendations included use of a lumbar brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20% cream 165g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain; (2) Topical Analgesics Page(s): 60 and 111-112.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Indications for the use of a topical non-steroidal anti-inflammatory medication include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo-contact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac which could be considered as a treatment option. Therefore, the requested Ketoprofen 20% cream is not medically necessary.

**Cyclobenzaprine 5% cream, 100g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60 and 111-113.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Therefore Cyclobenzaprine 5% cream is not medically necessary.

**Synapryn 50ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Synapryn Instructions Insert

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Synapryn is cyclobenzaprine with glucosamine in FusePaq compounding kit which is intended for compounding prescription only. In this case, although the claimant is receiving multiple medications, there is no evidence that it is being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Synapryn is not medically necessary.

**Tabradol 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tabradol Instructions Insert

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Tabradol is cyclobenzaprine in a FusePaq compounding kit which is intended for compounding prescription only. In this case, although the claimant is receiving multiple medications, there is no evidence that it is being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Tabradol is not medically necessary.

**Deprizine 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deprizine Instructions Insert

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Deprizine is ranitidine hydrochloride in a FusePaq compounding kit which is intended for compounding prescription only. In this case, although the claimant is receiving multiple medications, there is no evidence that it is being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Deprizine is not medically necessary.

**Dicopanol 150ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dicopanol Instructions Insert

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Dicopanol is diphenhydramine hydrochloride in a FusePaq compounding kit which is intended for compounding prescription only. In this case, although the claimant is receiving multiple medications, there is no evidence that it is being

compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Dicopanl is not medically necessary.

**Fanatrex 420ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fanatrex Instructions Insert

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Fanatrex is gabapentin in a FusePaq compounding kit which is intended for compounding prescription only. In this case, although the claimant is receiving multiple medications, there is no evidence that it is being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Fanatrex is not medically necessary.

**Urine drug screen:** 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 Opioid, Criteria For Use Page(s): 76-80.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Criteria of the use of opioids address the role of urine drug screening. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, the claimant's medications include tramadol, being prescribed on a long term basis. There are no identified issues of abuse, addiction, or poor pain control or prior risk assessment. Therefore, urine drug screening is not medically necessary.

**Acupuncture for the lumbar spine and left knee, #18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Guidelines recommend acupuncture as an option

when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of requested treatments is in excess of recommended guidelines and therefore not medically necessary.

**Terocin patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56-57; 111-113.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for neck and low back pain with bilateral upper and lower extremity numbness and tingling and bilateral knee pain. Terocin is a topical analgesic containing lidocaine and menthol. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Therefore the prescribing of Terocin in a patch form is not medically necessary.