

Case Number:	CM14-0021613		
Date Assigned:	05/05/2014	Date of Injury:	08/22/2013
Decision Date:	07/09/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 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 patient is a 57-year-old male with a date of injury of 08/22/2013. The listed diagnoses per [REDACTED] are: Right wrist sprain/strain, rule out carpal tunnel syndrome, Left wrist de Quervain's tenosynovitis, and Left hallux rigidus. According to the 12/11/2013 progress report by [REDACTED], the patient sustained injuries to his left foot on 08/22/2013 in a work-related accident. The patient's treatment history includes x-rays, MRI, and medications. The patient reports gradual onset of pain in his bilateral hands and a gradual increase of the left foot pain. Examination of the bilateral hands/fingers revealed tenderness to palpation at the carpal tunnel and first dorsal extensor muscle compartment. There is a decrease of range of motion bilaterally on all planes. There is positive Tinel's on the right, positive Finkelstein's on the left, and positive Phalen's bilaterally. Examination of the left foot revealed tenderness to palpation at the head of the great toe. The treater is recommending compound Cyclophene 2% in gel form, Synapryn, Tabradol, and compound Ketoprofen cream. Utilization review denied the request on 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CYCLOPRENE TWENTY (20) PERCENT IN PLO GEL 120 GRAMS 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, chronic pain section Page(s): 111-113.

Decision rationale: The treater is requesting Cycloprene 2% in gel form 120gms which contains Cyclobenzaprine hydrochloride and other proprietary ingredients. The MTUS Chronic Pain Guidelines regarding topical analgesics states they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. The request is not medically necessary and appropriate.

SYNAPRYN TWENTY(20) MILLIGRAMS(MG)/ONE(1) MILLILITER PO 500 MILLILITERS(ML) 1159F: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, chronic pain section Page(s): 75, 111-113.

Decision rationale: The treater is requesting Synapryn, which contains tramadol and glucosamine as well as other proprietary ingredients. The MTUS Guidelines page 75 states a small class of synthetic opioids, for example, tramadol exhibits opiates activity and a mechanism of action that inhibits the re uptake of serotonin and norepinephrine. Central analgesic drugs such as tramadol are reported to be effective in managing neuropathic pain. Given the extent of patient's pain 8/10, a synthetic opioid like tramadol may be warranted. However, the treater is requesting Synapryn, a compound drug with tramadol and glucosamine without specifying the reason why both are needed. Glucosamine is indicated for painful arthritis of the knee which this patient does not suffer from. The request is not medically necessary and appropriate.

TABRADOL ONE(1) MILLIGRAM(MG)/MILLILITER(ML) PO 250 MILLILITER(ML) 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, chronic pain section Page(s): 64, 111-113.

Decision rationale: The MTUS Guidelines page 64 states Cyclobenzaprine is recommended for short course of therapy limited mixed evidence does not allow for recommendation for chronic use. The MTUS Chronic Pain Guidelines regarding topical analgesics states that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS Chronic Pain Guidelines further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a

muscle relaxant and is not recommended for any topical formulation. The request is not medically necessary and appropriate.

COMPOUND KETOPROFEN TWENTY(20) PERCENT IN PLO GEL ONE HUNDRED TWENTY(120) GRAMS 1159F: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams, chronic pain section Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The MTUS Guidelines page 112 supports the use of topical NSAIDs for peripheral joint arthritis or tendinitis which this patient has. However, non-FDA approved agents like Ketoprofen are not recommended for any topical use. MTUS Guidelines further states this agent is not currently FDA approved for topical application. "It has an extremely high incident of photocontact dermatitis." The request is not medically necessary and appropriate.