

Case Number:	CM14-0022219		
Date Assigned:	05/09/2014	Date of Injury:	09/15/2010
Decision Date:	07/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 Internal 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:

The injured worker is a 30 year old female who sustained an injury on 09/15/10. No specific mechanism of injury was noted. The injured worker has been followed for complaints of ongoing severe pain in the right upper extremity. The injured worker had been followed for pain management by a treating physician. The injured worker was found to have muscular tenderness in the right shoulder as well as the right wrist with limited range of motion in the right shoulder. Positive Tinel's and Phalen's signs were reported at the right wrist with sensation loss in a median nerve distribution in the right hand. Decreased motor strength was reported. The submitted requests for a urinalysis toxicological evaluation, Terocin Patches, 120 grams of compounded Ketoprofen 20%, 120 grams of compounded Cyclophene 5%, Dicopanol 5mg per ml oral suspension 150mL, Deprizine 5mg per ml 250ml oral suspension, Fanatrex 25mg per ml oral suspension 420ml, Synapryn 10mg per ml oral suspension 500ml, and Tabradol 1mg per ml oral suspension 250ml were denied by utilization review on 12/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PERIODIC URINE ANALYSIS TOXICOLOGICAL EVALUATION: Upheld

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

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

Decision rationale: In regards to the requested urine analysis toxicological evaluation, the clinical documentation submitted for review did not contain any recent assessments for this injured worker noting any risk factors for diversion or drug abuse which would support urinalysis. It is unclear what the injured worker's current prescribed medications are and without any clear indications for urinary drug screens as outlined by the Official Disability Guidelines (ODG), this reviewer would not recommend the request.

TEROCIN PATCHES: Upheld

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

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

Decision rationale: In regards to the request for a Terocin Patch, this reviewer would not have recommended this medication as medically necessary. Topical Terocin that contains Lidocaine and Menthol is largely considered experimental and investigational in the clinical literature in the treatment of chronic pain. There is limited evidence establishing that topical analgesics such as Terocin patches result in any significant functional improvement or pain relief. Chronic Pain Medical Treatment Guidelines consider the use of Terocin Patch as an option in the ongoing treatment of neuropathic pain that has failed all other reasonable conservative measures to include 1st line medications for neuropathic pain to include anticonvulsants and antidepressants. Given the lack of any clinical documentation indicating the injured worker has failed a reasonable trial of 1st line neuropathic medications for pain, this reviewer would not have recommended certification for the request.

120 GRAMS DOSAGE OF COMPOUNDED KETOPROFEN 20% STRENGTH IN PLO GEL: Upheld

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

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

Decision rationale: In regard to the request for compounded Ketoprofen 20% 120g, this reviewer would not have recommended this medication as medically necessary. Topical analgesics are largely considered experimental and investigational in the clinical literature in the treatment of chronic pain. There is limited evidence establishing that topical analgesics such as Terocin Patches result in any significant functional improvement or pain relief. Chronic Pain Medical Treatment Guidelines consider the use of topical analgesics as an option in the ongoing

treatment of neuropathic pain that has failed all other reasonable conservative measures to include 1st line medications for neuropathic pain to include anticonvulsants and antidepressants. Given the lack of any clinical documentation indicating the injured worker has failed a reasonable trial of 1st line neuropathic medications for pain, this reviewer would not have recommended certification for the request.

120 GRAMS DOSAGE OF COMPOUNDED CYCLOPHENE 5% IN PLO GEL: Upheld

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

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

Decision rationale: In regards to the request for a Cyclophene 5%, 120g, this reviewer would not have recommended this medication as medically necessary. Topical analgesics are largely considered experimental and investigational in the clinical literature in the treatment of chronic pain. There is limited evidence establishing that topical analgesics such as Terocin patches result in any significant functional improvement or pain relief. Chronic Pain Medical Treatment Guidelines consider the use of topical analgesics as an option in the ongoing treatment of neuropathic pain that has failed all other reasonable conservative measures to include 1st line medications for neuropathic pain to include anticonvulsants and antidepressants. Given the lack of any clinical documentation indicating the injured worker has failed a reasonable trial of 1st line neuropathic medications for pain, this reviewer would not have recommended certification for the request.

1ML DOSAGE OF DICOPANOL 5MG/ML ORAL SUSPENSION 150 ML: 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).

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

Decision rationale: In regards to the use of Dicopanol 5mg/ml, 150ml oral suspension, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Dicopanol is an oral suspension of Diphenhydramine with other proprietary ingredients to address insomnia. The clinical documentation submitted for review did not discuss sleep issues. There is no indication the injured worker has failed other pharmacological and non-pharmacological treatment options for the presence of insomnia or sleep difficulty. Therefore, this reviewer would not have recommended the request under the Official Disability Guidelines (ODG).

10 ML DOSAGE OF DIPRIZINE 5MG/ML ORAL SUSPENSION 250ML: 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).

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

Decision rationale: In regards to the use of Deprizine 5mg/ml, 250ml oral suspension, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based Official Disability Guidelines (ODG). Deprizine includes ranitidine with other proprietary ingredients. There is no indication from the clinical documentation submitted for review that the injured worker had any gastrointestinal side effects with other medications or ongoing gastrointestinal issues to support the use of this medication which contains ranitidine. Given the insufficient evidence supporting the use of this type of medication or indicating the injured worker had been unable to tolerate normal oral forms of this medication this reviewer would not have recommended the request under the Official Disability Guidelines (ODG).

5ML DOSAGE OF FANATREX 25MG/ML ORAL SUSPENSION 420ML: 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).

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

Decision rationale: In regards to the use of Fanatrex 25mg/ml, 420ml, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. Fanatrex includes Gabapentin and other proprietary ingredients. There is no indication from the clinical records that the injured worker failed to tolerate standard oral Gabapentin in the treatment of ongoing neuropathic symptoms as outlined by Official Disability Guidelines (ODG). Therefore this reviewer would not have recommended the request.

5ML DOSAGE OF SYNAPRYN 10MG/1ML ORAL SUSPENSION 500ML: 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).

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

Decision rationale: In regard to the use of Synapryn 10mg/ml, 500ml, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based Official Disability Guidelines (ODG). Synapryn includes Tramadol with other propriatery ingredients. This medication is not recommended for first line medication. There is also no indication the patient was unable to tolerate standard oral Tramadol for pain. As such, this reviewer would not have recommended for the request.

5ML DOSAGE OF TABRADOL 1MG/ML ORAL SUSPENSION 250ML: 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).

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

Decision rationale: In regards to the use of Tabradol 1mg/ml, 250ml, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based Official Disability Guidelines (ODG). Tabradol includes Cyclobenzaprine in addition to other propriatery ingredients. There is no indication in the documentation that the injured worker cannot tolerate the pill formulation of this medication and requires a suspension. As such, the medical necessity of Tabrodol 1mg/Mo Oral Suspension 250 ml cannot be established at this time.