

Case Number:	CM14-0024000		
Date Assigned:	06/11/2014	Date of Injury:	10/15/2012
Decision Date:	07/23/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 45 year old male who was injured on 10/15/2012 as he slipped and fell while at work injuring his soft tissue head, lower back and right upper leg. Prior treatment history has included sessions of acupuncture if the cervical and lumbar spine, chiropractic treatment of cervical spine and lumbar spine and physical therapy treatment of cervical and lumbar spine with unknown duration or dates. Diagnostic studies reviewed include MRI of the lumbar spine with and without load bearing dated 01/28/2014 revealing: 1) Disc desiccation with associated loss of disc height at L5-S1. 2) Straightening of the lumbar lordotic curvature. 3) L5-S1 broad-based protrusion which causes stenosis of the spinal canal, bilateral lateral recess and bilateral neural foramen with disc material contacting the visualized bilateral S1 transiting nerve roots. Disc measurements: pre-axial Loading: 4.4 mm. post-axial loading: 5.1 mm. Progress report dated 01/10/2014 documented the patient with complaints of sharp throbbing pain in the neck with muscle spasm. The pain was rated 8/10 and constantly moderate to severe with numbness and tingling. There is radicular mid back pain, muscle spasm and stabbing low back pain muscle spasm also rated 8/10. There is frequent to constant moderate to severe low back pain in the right lower extremity. There is numbness and tingling to the right thigh. The medications offer him some temporary relief of pain and improve his ability to have restful sleep. Objective findings on examination of cervical spine reveal 2+ tender suboccipital scalene, and decreased range of motion. Foraminal compression test is negative bilaterally. Examination of the lumbar spine reveals the patient is able to toe-heel walk however with pain and is able to squat 15%. There is tenderness of bilateral PSIS and there is bilateral paraspinal muscle guarding. There is decreased range of motion and straight leg raise is positive on the right at 50 degrees and negative on the left. Braggard's is positive on the right. Flip test is bilaterally positive. There is diminished sensation at L3 and L4 in the right lower extremity. Decreased motor strength bilaterally.

Diagnoses:1.Cervical disc displacement, unspecified cervical region. 2.Cervical radiculopathy.3.Other intervertebral disc displacement lumbar region. 4.Rule out lumbar spine radiculopathy. Utilization report dated 02/14/2014 states the request for: 1) Ketoprofen 20% in PLO Gel 120 gm #1. 2) Cyclophene 5% in PLO Gel 120 gm #1. 3) Synapryn 10 mg/1 ml oral suspension 500 ml #1. 4) Tabradol 1 mg/ml oral suspension 250 ml #1. 5) Deprizine 15 mg/dl oral suspension 250 ml #1. 6) Dicopanol 5 mg/ml oral suspension 150 ml #1. 7) Fanatrx 25 mg/ml oral suspension 420 ml #1. 8) Terocin Patches (quantity unspecified). 9) Physical therapy (quantity unspecified). All of these requests are non-certified. The rationale for Ketoprofen states there was no current information of current inflammation condition and no documentation of symptomatic or functional improvement from its previous use. For Terocin patches, there is no documentation of first line therapy failure and no documentation of patient's intolerance of similar medication to be taken. For Synapryn the guidelines do not recommend this medication as there is no clear evidence about whether compounding medications are more efficacious than a single medication. The request for physical therapy was not certified because the absence of the intended duration and frequency of treatment, the medical necessity for the course of physical therapy has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOPROFEN 20% IN PLO GEL, 120 GM QUANTITY: 1.00: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. In the absence of documented failure trial of first line treatment which include antidepressant and antiepileptic and in the absence of documented improvement of pain control and function, the request is not medically necessary according to the guidelines.

CYCLOPHENE 5% IN PLO GEL, 120 GM QUANTITY: 1.00: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. The requested compound topical containing cyclobenzaprine doesn't meet guidelines recommendations. In the absence of documented failure trial of first line treatment which include antidepressant and antiepileptic and in the absence of documented improvement of pain control and function, the request is not medically necessary according to the guidelines.

SYNAPRYN 10MG/1ML ORAL SUSPENSION 500ML QUANTITY: 1.00: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

Decision rationale: According to the CA MTUS guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. In the absence of documented failure trial of first line treatment which include antidepressant and antiepileptic and in the absence of documented improvement of pain control and function, the request is not medically necessary according to the guidelines. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms.

TABRADOL 1MG/ML ORAL SUSPENSION 250ML QUANTITY: 1.00: 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 (Flexeril) Page(s): 41-42.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. In

the absence of documented improvement of pain control and function, and as this medication is not indicated for long-term use, and not to be added to other central acting medication, the request is not medically necessary according to the guidelines.

DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML QUANTITY: 1.00: 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) non-steroidal anti-inflammatory drugs, GI symptoms & cardiovascular risk Page(s): 127-128.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, H2-receptor antagonists are recommended in cases of use of NSAIDs and SSRIs. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. In the absence of documented history of peptic ulcer, GI bleeding or perforation or concomitant use of NSAIDs with SSRIs, the request is not medically necessary according to the guidelines.

DICOPANOL 5 MG/ML ORAL SUSPENSION 150ML QUANTITY: 1.00: 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 Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The CA MTUS guidelines do not address the issue in dispute. According to the ODG, Sedating antihistamines have been suggested for sleep aids. Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. In the absence of documented duration and frequency of this medication as this medication is not recommended for long time, the request is not medically necessary according to the guidelines.

FANATREX 25MG/ML ORAL SUSPENSION 420 ML QUANTITY: 1.00: 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 Page(s): 49-50.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. In the absence of documented significant improvement of pain control and function, the request is not medically necessary according to the guidelines.

TEROCIN PATCHES (QUANTITY UNSPECIFIED) QUANTITY: 1.00: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Topical Analgesics is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. In the absence of documented significant improvement of pain control and function, the request is not medically necessary according to the guidelines.

PHYSICAL THERAPY (QUANTITY UNSPECIFIED) QUANTITY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical medicine is recommended for controlling pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The medical records document the patient was diagnosed with other cervical disc displacement unspecified cervical region with radiculopathy, and other intervertebral disc displacement of lumbar region with radiculopathy. The patient had received sessions of physical therapy, chiropractic treatment and acupunctures for unknown dates, duration, and outcome. In the absence of documented prior treatment duration and outcomes, further, the request neither specified which body part needs the treatment nor mentioned the frequency of the requested treatment. Therefore, the request is not medically necessary according to the guidelines.