

<b>Case Number:</b>	CM14-0026778		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Illinois. 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 49-year-old female who reported an injury on 09/25/2013. The mechanism of injury reportedly occurred during repetitive twisting to turn a lever to operate a machine. The injured worker's diagnoses were noted to be impingement syndrome of unspecified shoulder, posttraumatic osteoarthritis to bilateral shoulders, rotator cuff of left shoulder, bursitis of left shoulder, right wrist carpal tunnel syndrome, right wrist radial styloid tenosynovitis, bilateral wrist joint derangement unspecified, and subchondral cyst right wrist. Her prior treatments included physical therapy, hand rehabilitation, and medications. Per the 01/27/2014 clinical note, the injured worker reported burning bilaterally within her shoulders. She indicated the pain radiated down her arms to her fingers with muscle spasms greater on the left. The injured worker stated her pain was 7/10 to 8/10. She indicated her pain was constant, and moderate to severe. She complained of burning in her right wrist with pain and muscle spasms greater on the right hand. She also complained of weakness, numbness, and tingling of the hand and fingers. The injured worker also stated that her symptoms persist but that medications do offer her temporary relief of pain. In addition, she stated medications improved her ability to have a restful sleep. The physical examination noted tenderness to palpation to the trapezius, levator scapula, rhomboids, biceps tendon, and AC joint bilaterally, but greater on the right. No arthrosis was noted. The physical examination noted shoulder range of motion to be significantly under the normal range. The injured worker was positive bilaterally for Neer's impingement sign, Hawkins, and Speed's tests. Upon palpation to the right wrist and hand, the injured worker had tenderness at the triangular fibrocartilage complex, first dorsal compartment, and at the carpal tunnel. Range of motion of the right wrist and hand were within normal limits; however, flexion was with pain. Testing of the right wrist indicated positive Tinel's, Phalen's and Finkelstein's. The neurological examination of the bilateral upper extremities indicated diminished sensation to

pinprick and to light touch, decreased motor strength, and 2+ deep tendon reflexes. The injured worker was prescribed topical analgesics for pain symptoms and also urine drug screens to be performed. The provider's rationale for the requested medications was noted to be for pain symptoms and submitted with this documentation. The Request for Authorization form was not provided within the documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CYCLOPHENE 5 PERCENT IN PLO GEL 120 GRAMS #1: Upheld**

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

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

**Decision rationale:** The request for cyclophene 5% in PLO gel 120 grams quantity 1 is non-certified. The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended. The medication cyclophene contains cyclobenzaprine hydrochloride and other proprietary ingredients. The guidelines state there is no evidence for the use of Cyclobenzaprine as a topical product. The requested cream contains at least one drug that is not recommended; therefore, its use is not supported by guidelines. In addition, the submitted request did not specify the site of application. As such, the request for cyclophene 5% in PLO gel 120 grams quantity 1 is non-certified.

#### **KETOPROFEN 20 PERCENT IN PLO GEL 120 GRAMS #1: Upheld**

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

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

**Decision rationale:** The request for ketoprofen 20% in PLO gel 120 grams quantity 1 is non-certified. The CA MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug that is not recommended is not recommended. The efficacy for topical NSAIDs in clinical trials has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown to be effective in the first 2 weeks of treatment for osteoarthritis, but not afterward or with a diminishing effect over another 2 week period. Studies show that the effect appears to diminish over time. The guidelines state Ketoprofen is not currently FDA approved for a topical application. The medical records provided do not indicate the injured worker failed

antidepressant or anticonvulsant therapy. The requested cream contains at least one drug that is not recommended; therefore, its use is not supported. In addition, the submitted request did not specify the site of application. As such, the request for ketoprofen 20% in PLO gel 120 grams quantity 1 is non-certified.

**TABRADOL 1MG/ML ORAL SUSPENSION 250ML TAKE TSP 2-3 TIMES A DAY #1:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 64.

**Decision rationale:** The request for Tabradol 1 mg/mL oral suspension 250 mL take teaspoon 2 to 3 times a day quantity 1 is non-certified. The medication Tabradol contains cyclobenzaprine, methylsulfonylmethane, and other ingredients. Cyclobenzaprine is the main ingredient in Tabradol. The CA MTUS Guidelines state Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. In the most recent clinical evaluation, the injured worker did not provide any indication of the efficacy of Tabradol use. The provider failed to indicate a duration of Tabradol therapy. The rationale for the route of oral suspension is not indicated within the review. The guidelines do not support the long term use of Cyclobenzaprine; therefore, the continued use of Tabradol is not supported. As such, the request for Tabradol 1 mg/mL oral suspension 250 mL take teaspoon 2 to 3 times a day quantity 1 is non-certified.