

<b>Case Number:</b>	CM14-0029406		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Family 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 injured on September 15, 2010 when in the process of taking out a trash bag weighing approximately 40 pounds, the injured worker felt sudden pain and pull in the right wrist and shoulder. Diagnoses included sprain of infraspinatus tendon shoulder, right carpal tunnel syndrome, anxiety, and sleep disturbance. Clinical note dated January 17, 2014 indicated the injured worker presented complaining of burning right shoulder pain radiating to the upper extremities and fingers with associated muscle spasm rated 6-7/10. The injured worker also complained of burning right wrist and thumb pain rated 6-7/10 with associated dropping of objects and inability to lift heavy objects. Objective findings included tenderness at the supraspinatus insertion site/levator scapula/rhomboid/acromioclavicular joint, decreased range of motion, and positive impingement. Examination of right wrist revealed injured worker wearing wrist support, tenderness over carpal bones/thenar and hypothenar eminences, decreased range of motion, positive Phalen and Tinel signs, and decreased sensation along course of median nerve distribution in right upper extremity, and decreased motor strength. Treatment plan included refill of prescribed medication. Initial request was non-certified on February 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Prescription 240gr Ketoprofen 20%, Lidocaine 10% DOS 11/1/13: 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.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Ketoprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Prescription 240gr Ketoprofen 20%, Lidocaine 10% DOS 11/1/13 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**One Prescription 240 gr Cyclobenzaprine 2%, Flurbiprofen 25% DOS 11/1/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Topical analgesics.

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Cyclobenzaprine and Flurbiprofen have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore 240 gr Cyclobenzaprine 2%, Flurbiprofen 25% DOS 11/1/13 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**One Prescription of Dicopanol 1 ml dosage, 5mg/ml oral suspension 150 ml DOS 11/1/13: 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), Pain (Chronic), Insomnia treatment

**Decision rationale:** Dicoponal contains Diphenhydramine and other proprietary ingredients and is used for the treatment of insomnia. Additionally, the injured worker has no documented diagnosis of insomnia that has failed attempts at previous prescription medications or behavior modification. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for one prescription of Dicoponal 1 ml dosage, 5mg/ml oral suspension 150 ml DOS 11/1/13 cannot be recommended as medically necessary.

**One Prescription of Deprizine 10ml dosage, 25mg/ml oral suspension 420 ml DOS 11/1/13:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Deprizine contains Ranitidine is an H2RA which is utilized in the prophylactic treatment of gastritis associated with non-steroidal anti-inflammatory drug use. There is no indication that the injured worker cannot benefit from over-the-counter proton pump inhibitors if required. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for One Prescription of Deprizine 10ml dosage, 25mg/ml oral suspension 420 ml DOS 11/1/13 cannot be recommended as medically necessary.

**One Prescription of Fanatrex 5 ml dosage, 25mg/ml oral suspension 420 ml DOS 11/1/13:**  
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 (Neurontin) Page(s): 49.

**Decision rationale:** Fanatrex contains Gabapentin which is an option for neuropathic pain. Objective findings fail to establish the presence of neuropathy. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for One Prescription of Fanatrex 5 ml dosage, 25mg/ml oral suspension 420 ml DOS 11/1/13 cannot be recommended as medically necessary.

**One Prescription of Synapryn 5 ml dosage, 10mg/ml oral suspension 500 ml DOS 11/1/13:**  
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 Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** Synapryn contains Tramadol and Glucosamine. There is no indication in the documentation the injured worker has been diagnosed with osteoarthritis requiring the use of Glucosamine. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for One Prescription of Synapryn 5 ml dosage, 10mg/ml oral suspension 500 ml DOS 11/1/13 cannot be recommended as medically necessary.

**One Prescription of Tabradol 5 ml dosage, 1 mg/ml oral suspension 250 ml DOS 11/1/13:**  
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 Page(s): 41.

**Decision rationale:** Tabradol contains Cyclobenzaprine, Methylsulfonylmethane, and other proprietary ingredients. Methylsulfonylmethane is considered a nutritional supplement and is regulated by the United States Federal Drug Administration; it has not been approved for the treatment of osteoarthritis. Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for One Prescription of Tabradol 5 ml dosage, 1 mg/ml oral suspension 250 ml DOS 11/1/13 cannot be recommended as medically necessary.