

Case Number:	CM14-0029734		
Date Assigned:	06/16/2014	Date of Injury:	09/26/2013
Decision Date:	07/17/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	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 Orthopaedic Surgery 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:

This 47-year-old male has a date of injury of 9/26/13. He sustained a non-displaced fracture of the right medial malleolus when he jumped off a forklift and fell off the dock. The 11/11/13 lumbar spine MRI impression documented broad based disc protrusions at L3/4 and L4/5 with facet and ligamentum flavum hypertrophy producing spinal canal, bilateral lateral recess, and bilateral neuroforaminal narrowing. There was an L5/S1 disc protrusion and facet hypertrophy with spinal canal and bilateral neuroforaminal narrowing, and a right pars defect without spondylolisthesis. The 11/11/13 left ankle MRI impression documented Achilles partial thickness tearing and tendinosis, peroneus brevis tendinosis, and calcaneal heel spurs. The 11/11/13 left knee MRI impression documented partial thickness anterior cruciate ligament and gastrocnemius tendon tears, mucoid degeneration of the medial and lateral menisci, patellar and quadriceps tendinosis, and pre-patellar bursitis. The 11/11/13 right knee MRI impression documented partial thickness anterior cruciate ligament tear, quadriceps tendinosis, pre-patellar bursitis, and mucoid degeneration of the medial and lateral menisci. The 1/20/14 treating physician report cited subjective complaints of intermittent to frequent grade 7-8/10 low back pain with radiating pain, numbness and tingling, constant grade 6-7/10 bilateral knee pain, constant grade 5/10 right ankle pain, and intermittent grade 4/10 left ankle pain. Medications offered temporary relief of pain and improved his ability to have restful sleep; pain was also alleviated by activity restrictions. Lumbar exam findings documented tenderness, paraspinal muscle guarding, decreased range of motion, and positive nerve tension and mechanical signs. Bilateral knee exam documented left medial and lateral joint line tenderness, right patellofemoral joint line tenderness, decreased range of motion, and positive McMurray's. Bilateral ankle exam documented edema, medial and lateral malleolus tenderness, decreased range of motion, positive eversion/inversion, positive right anterior/posterior drawer sign, and decreased myotomes

bilaterally. The treatment plan recommended right ankle MRI, right lower extremity EMG/NCV, medications, and orthopedic surgeon referral. The 2/20/14 utilization review denied the requests for compounded Cyclophene gel, Tabradol oral suspension, and compounded Ketoprofen gel based on failure to meet guideline requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED CYCLOPHENE 5 PERCENT IN PLO GEL 120 GRAMS: 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 analgesics Page(s): 113.

Decision rationale: Under consideration is a request for Cyclophene compounded gel. This compound medication contains cyclobenzaprine hydrochloride and other proprietary ingredients. The California MTUS state that there is no evidence for use of a muscle relaxant, such as cyclobenzaprine, as a topical product. Guidelines state that any compounded topical product that contains at least one drug (or drug class) that is not recommended, is not recommended. Given the absence of guideline support for this topical medication, the request for compounded Cyclophene 5 percent in PLO gel 120 grams is not medically necessary.

TABRADOL 1MG/ML ORAL SUSPENSION 250ML: 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 Muscle relaxants (for pain) Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, MSM (methylsulfonylmethane).

Decision rationale: Tabradol oral suspensions contains cyclobenzaprine and MSM (methylsulfonylmethane), a medical food. The California MTUS guidelines state that muscle relaxants, such as cyclobenzaprine, are recommended as a second line option for short term treatment of acute exacerbations of chronic back pain. The use of cyclobenzaprine is not recommended longer than 2 to 3 weeks. The Official Disability Guidelines relative to methylsulfonylmethane (MSM) state there is some evidence for efficacy of topical DMSO cream for a diagnosis of complex regional pain syndrome. There is no evidence based medical guidelines support for the use of oral MSM. Records indicate that this medication has been prescribed since 10/30/13. There is no documentation relative to the functional efficacy of this medication. There is no current documentation of muscle spasms. There is no clear indication for the suspension use of this medication. Therefore, this request for Tabradol 1 mg/ml oral suspension 250 ml is not medically necessary.

COMPOUNDED KETOPROFEN 20 PERCENT IN PLO GEL 120 GRAMS: 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 analgesics Page(s): 111-112.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines indicate that Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. Guidelines indicate that efficacy in clinical trials of non-steroidal anti-inflammatory agents has been inconsistent and most studies are small and of short duration. The use of topical Ketoprofen gel is not recommended by MTUS guidelines. Given the absence of guideline support for the topical use of Ketoprofen, this request for Ketoprofen 20 percent in PLO gel 120 grams is not medically necessary.