

Case Number:	CM14-0030757		
Date Assigned:	06/20/2014	Date of Injury:	09/09/2012
Decision Date:	07/29/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/11/2014

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 Anesthesiology, has a subspecialty in Pain 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 47 year old male who sustained an injury on 09/09/12. No specific mechanism of injury was noted. The injured worker sustained injuries to the neck, low back, and knees. Prior treatment has included imaging studies as well as electrodiagnostic studies. There was evidence of an L5 radiculopathy on EMG studies. The injured worker has been followed for complaints of neck pain radiating to the upper extremities as well as low back pain radiating to the lower extremities. The injured worker also complained of bilateral knee pain, left worse than right. The clinical report from a pain management physician on 01/15/14 noted the injured worker had difficulty sleeping at night due to pain. The injured worker's medications did offer some relief with improved sleep. There was a noted history of diabetes. Physical examination noted tenderness to palpation and loss of range of motion in the cervical and lumbar spine. There was dyesthesia noted in the upper and lower extremities. Swelling at the bilateral knees was noted, left worse than right with tenderness to palpation over the medial and lateral joint lines. There was loss of range of motion in the knees bilaterally. The injured worker was prescribed several proprietary medications to include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen cream. The injured worker was also prescribed Terocin patches. Follow up on 02/03/14 noted unchanged symptoms in the neck, low back, and bilateral knees. The injured worker's physical examination findings were essentially unchanged. The injured worker was recommended to continue with topical compounded Ketoprofen and Cyclophene as well as other proprietary medications. The requested compounded Ketoprofen 20% gel, Cyclophene 5% gel, Synapryn 10mg per 1mL oral suspension, Tabradol 1mg per 1mL oral suspension, Deprizine 15mg per 1mL oral suspension, Dicopanol 5mg per 1mL oral suspension, and Fanatrex 25mg per 1mL oral suspension were all denied by utilization review on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of compounded Ketoprofen 20% gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 112.

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

Decision rationale: In regards to the request for compounded Ketoprofen 20% gel, the clinical records provided for review did not indicate that the injured worker had failed oral anti-inflammatories or that any oral medications were contraindicated or otherwise not tolerated. Per Chronic Pain Medical Treatment Guidelines, topical compounded anti-inflammatories can be considered an option in the treatment of musculoskeletal complaints that have failed oral counterparts; however, this was not noted in the clinical record. Furthermore, the clinical literature regarding the use of compounded topical medications including anti-inflammatories is not well supported in the clinical literature as there is insufficient evidence establishing the efficacy of topical use of anti-inflammatories versus their oral counterparts. Given the limited clinical information to support the use of topical compounded medications in this injured worker, this reviewer would not have recommended this request as medically necessary.

Prescription of compounded Cyclophene 5% gel: 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): 111-113.

Decision rationale: In regards to the use of a topical compounded medication that includes Cyclophene, 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. Per Chronic Pain Medical Treatment Guidelines, topical compounded medications can be considered an option in the treatment of musculoskeletal complaints that have failed oral counterparts; however, this was not noted in the clinical record. Furthermore, the clinical literature regarding the use of compounded topical medications including muscle relaxers is not well supported in the clinical literature as there is insufficient evidence establishing the efficacy of topical use of anti-inflammatories versus their oral counterparts. Given the limited clinical information to support the use of topical compounded medications in this injured worker, this reviewer would not have recommended this request as medically necessary.

Prescription of Synapryn 10mg/1ml, oral suspension: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

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 request for Synapryn 10mg in a 1mL oral suspension, this reviewer would not have recommended this medication as medically necessary. This proprietary medication contains Tramadol as well as Glucosamine and other proprietary ingredients. There is no indication from the clinical reports that the injured worker was unable to tolerate standard Tramadol and Glucosamine. There is limited evidence regarding symptomatic osteoarthritis and no specific information was available for review regarding the overall amount of pain relief and functional improvement obtained with the use of this proprietary compounded medication. Given the lack of any specific findings which would support the use of this medication, this reviewer would not have recommended this request as medically necessary.

Prescription of Tabradol 1mg/ml, oral suspension: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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 request for Tabradol 1mg in a 1mL oral suspension, this reviewer would not have recommended this medication as medically necessary. This medication contains cyclobenzaprine and other proprietary ingredients. There was no specific rationale in the clinical reports supporting the use of multiple muscle relaxer components as the injured worker was also prescribed a Cyclophene topical gel. There is no indication that the injured worker was unable to tolerate standard oral muscle relaxers. There is also no clear documentation from physical examination findings regarding ongoing muscular spasms that would reasonably benefit from the use of this medication. Given the limited support in the clinical documentation for this compounded medication, this reviewer would not have recommended this request as medically necessary.

Prescription of Deprizine 15mg/ml, oral suspension: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

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 request for Deprizine 15mg in a 1mL oral suspension, this reviewer would not have recommended this medication as medically necessary. Deprizine contains Ranitidine as well as other proprietary ingredients. The clinical documentation submitted for review did not identify any specific gastric side effects that would support the use of a compounded medication including Ranitidine. It is also unclear from the records whether the injured worker was unable to tolerate standard oral Ranitidine or another proton pump inhibitor for gastric upset. Given the limited support in the clinical documentation for this type of compounded medication, this reviewer would not have recommended this request as medically necessary.

Prescription of Dicopanol 5mg/ml, oral suspension: 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), Pain Chapter, Insomnia Treatment.

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 request for Dicopanol, this reviewer would not have recommended this medication as medically necessary. Dicopanol contains Diphenhydramine as well as other proprietary ingredients. Diphenhydramine can be utilized as an option for sleep and is widely used in many non-prescription sleep aids. It is unclear whether the injured worker had been unable to tolerate standard over the counter versions of Diphenhydramine or were trialed on any other medications prescribed for sleep. The clinical documentation also did not describe what if any particular benefits this compounded medication provided over standard oral medications to support its ongoing use. Therefore, this reviewer would not have recommended this request as medically necessary.

Prescription of Fanatrex 25mg/ml, oral suspension: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

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 request for Fanatrex 25mg in a 1mL oral suspension, this reviewer would not have recommended this medication as medically necessary. Fanatrex contains Gabapentin as well as other proprietary ingredients. There is no indication from the clinical reports that the injured worker was unable to tolerate standard oral antidepressants or anticonvulsants utilized to treat neuropathic symptoms. Although the injured worker does present with objective findings consistent with neuropathic pain, the clinical record would need

to indicate that a reasonable trial of either antidepressants or anticonvulsants had occurred which was not beneficial in order to support this type of compounded medication according to Official Disability Guidelines (ODG). As such, this reviewer would not have recommended this request as medically necessary.