

<b>Case Number:</b>	CM14-0033337		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/29/2007
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; various oral suspensions; topical compounds; a prior lumbar spine surgery; and a lumbar support. In a utilization review report dated February 18, 2014, the claims administrator denied a request for an oral Tabradol suspension, denied a request for a topical compounded Ketoprofen agent, denied request for a topical compounded Cyclohere gel, and denied a request for an oral Synapryn suspension. In a highly templated progress note dated January 24, 2014, the applicant was described as presenting with persistent complaints of low back pain. A well-healed surgical incision line and limited lumbar range of motion were noted with painful heel-and-toe ambulation also appreciated. A variety of oral suspension and topical compounds were endorsed including Fanatrex, Synapryn, Tabradol, Dicopanol, and Deprizine. Physical therapy, manipulative therapy, epidural steroid injection therapy, and Terocin patches were sought. The applicant's work status was not furnished, although it does not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) suspension of Tabradol 1 mg/ml/250ml: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS pages 111-113, Topical Analgesics topic.2. National Library Medicine (NLM), Tabradol Medication Guide Page(s): 111-113.

**Decision rationale:** Tabradol, per the National Library of Medicine (NLM) is a suspension/compound which comprises, among other things, of cyclobenzaprine, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for compound purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**One (1) tube of Compounded Ketoprofen (Pluronic Lecithin Organogel) Gel 20%, 120 gms:** Upheld

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

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**One (1) tube of Compounded Cyclohere (Pluronic Lecithin Organogel) Gel 5%, 120 gms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines 1. ACOEM Practice Guidelines, Chapter 3, page 47, Oral Pharmaceuticals section.2. MTUS page 111, Topical Analgesic topic Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely

experimental topical compounded agents such as the Cyclohere compound proposed here. Therefore, the request is not medically necessary.

**One (1) Oral suspension of Synapryn 10 mg/1 ml/ 500 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Glucosamine Section, page 50 and the Non-MTUS National Library Medicine (NLM).

**Decision rationale:** Synapryn, per the National Library of Medicine (NLM) suspension comprising of glucosamine and tramadol. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of glucosamine in the treatment of pain associated with arthritis and, in particularly, knee arthritis, in this case, however, the documentation on file does not establish the diagnosis of knee arthritis for which glucosamine will be indicated. The applicant's pain complaints are seemingly confined to the lumbar spine. Therefore, the request is not medically necessary.