

Case Number:	CM14-0043752		
Date Assigned:	07/02/2014	Date of Injury:	07/10/2013
Decision Date:	08/14/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/10/2014

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 claimant injured her right knee on July 10, 2013 when she slipped and fell on it. On November 08, 2013, she was feeling much better about the knee and was tolerating her regular duty well. She was diagnosed with a contusion. She saw [REDACTED] on December 20, 2013. She had been treated with anti-inflammatory medications, physical therapy, acupuncture, and a knee sleeve. She had reached permanent and stationary status. She continued with pain and tenderness in the right knee. She was advised that she could use over-the-counter anti-inflammatory medications. Future medical was provided. She saw [REDACTED] on January 06, 2014. She was diagnosed with multiple sprains. Her use of medication was not described. Electrical stimulation, a TENS unit, and an MRI of the right knee were ordered. A consultation with an orthopedist was recommended for pain medication. She saw [REDACTED] for an initial orthopedic consultation on February 04, 2014. She continued to complain of right knee pain. She also had aching right ankle and foot pain and dull low back pain. She was in no acute distress. She was advised to continue seeing [REDACTED]. Her use of medications is not described other than that she was on oral medications and should continue them. She was on several medical foods and ketoprofen cream. A course of physical therapy and chiropractic were ordered. There is no description in the note of past use of medications. There is no other documentation pertaining to medication use or the supplements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen (20% in PLO gel, 120-grams): 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), Chronic Pain -Medication Compounds.

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

Decision rationale: The history and documentation do not objectively support the request for compounded ketoprofen. The California MTUS guidelines state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of topical ketoprofen is not FDA-approved due to potentially serious side effects. There also is no evidence of failure of all other first line drugs. Therefore, the request is not medically necessary.

Compounded Cyclophene (5% in PLO gel, 120-grams): 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), Chronic Pain -Medication Compounds.

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

Decision rationale: The history and documentation do not objectively support the request for compounded cyclophene. The California MTUS guidelines state topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence of failure of all other first line drugs. Topical cyclophene (cyclobenzaprine) is not recommended by guidelines. Therefore, the request is not medically necessary.

Synapryn (10mg /ml oral suspension, 500ml): 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), Chronic Pain -Medication Compounds.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: The history and documentation do not objectively support the request for Synapryn (tramadol). The California MTUS guidelines state tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs. The claimant's history of medical use and trials has not been submitted in support of this request. The expected benefit or indications for the use of this medication have not been stated. Therefore, the request is not medically necessary.

Tabradol (1mg/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), Chronic Pain -Medication Compounds; as well as the Non-MTUS UpToDate website.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, cyclobenzaprine.

Decision rationale: The history and documentation do not objectively support the request for Tabradol (cyclobenzaprine). The California MTUS guidelines state cyclobenzaprine may be recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. Additionally, The California MTUS guidelines and the Official Disability Guidelines state that relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. UpToDate also recommends not using Flexeril longer than 2-3 weeks and is for short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions. The medical documentation provided does not establish the need for the use of Tabradol for a chronic condition, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and anti-inflammatories and the response to them, including relief of symptoms and documentation of functional improvement, have not been described. Therefore, the request is not medically necessary.