

Case Number:	CM14-0054352		
Date Assigned:	08/06/2014	Date of Injury:	02/20/2013
Decision Date:	09/10/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 38-year-old female who was reportedly injured on March 7, 2013. The mechanism of injury is noted as a lifting event. The most recent progress note dated April 25, 2014, indicates that there are ongoing complaints of shoulder, neck, and back pain. The physical examination demonstrated a 5'6", 180-pound individual who has tenderness to palpation of the cervical spine, payable shoulders, and a decrease cervical spine range of motion. There is increased pain with elevation of the left shoulder, and lumbar spine noted pain, decreased range of motion, and discomfort into both lower extremities. A significant weight gain was noted and subsequently a weight reduction protocol was followed. Diagnostic imaging studies objectified a normal appearing left shoulder, with minimal degenerative changes. Previous treatment includes medications, physical therapy and advanced imaging studies. A request was made for topical compounded preparation and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen 20% Gel, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Anti-Inflammatory. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compound Anti-Inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: When noting the date of injury, the mechanism of injury, the diffuse complaints and that there is no objectified efficacy or utility with use of this preparation; tempered by the determination as noted in the California Medical Treatment Utilization Schedule that this type of intervention as "largely experiment the" there is little clinical indication presented to support the efficacy of future use of this medication. It is noted that the clinical trials have been inconsistent, of short duration and there is no data to support the use of this medication. Therefore, when combining ongoing complaints of pain, the lack of any efficacy and the parameters noted in the California Medical Treatment Utilization Schedule the medical necessity for this medication has not been established.

Compounded Cyclophene 5% Gel, 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compound Cream. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical Compound Cream.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: This is a topical compounded preparation including the medication cyclobenzaprine. As outlined in the California Medical Treatment Utilization Schedule, preparations are "largely primitive" and in this case, there is no clinical indication for a topical skeletal muscle relaxant type preparation. The California Medical Treatment Utilization Schedule establishes that this medication is indicated for a short course of therapy or for acute flares. Neither appears to be present based on the progress notes presented for review. Therefore, the clinical indication or medical necessity for this preparation has not been established.

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, Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: This is an oral suspension of the medication tramadol (a.k.a. Ultram). This is a 2nd line medication, opioid analgesic, and there is no indication that other analgesic preparations have been employed. These are indicated for short-term use and there is no data presented that there has been any efficacy with prior implementations of this treatment plan. Therefore, based on the medical records reviewed and tempered by the parameters noted in the

California Medical Treatment Utilization Schedule the medical necessity of this is not been established.

Tabradol 1mg/ml Oral Suspension, 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: This is an oral suspension for the medication cyclobenzaprine. It is noted that this medication has been used in a topical and oral preparation. Therefore, when noting there has not been any relative efficacy or utility with the use of this medication, tempered with the parameters limiting the use of Flexeril to the short course of therapy, there is no medical necessity established for this preparation.

Deprizine 15mg/ml Oral Suspension, 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: This medication is a protein pump inhibitor useful in the treatment of gastroesophageal reflux disease or as a gastric protectant in those individuals utilizing non-steroidal medications to have specific gastric complaints. The progress notes do not indicate that there are any gastritis type issues, gastrointestinal complaints, or indications of same. Therefore, the medical necessity for this medication is not established in the progress notes presented for review.

Dicopanor 5mg/ml Oral Suspension, 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 65 of 127.

Decision rationale: Dicopanor is an oral suspension compounded medication to treat allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medication is basically an antihistamine; the parameters for antihistamines are noted in the applicable in this clinical

situation. Therefore, based on the injury sustained, the treatment being rendered and the progress of them for review there is no clinical indication presented or the medical necessity established for this medication.

Panatrex 25mg/ml Oral Suspension, 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 .MTUS (Effective July 18, 2009) Page(s): 16-18 of 127.

Decision rationale: This is an oral suspension compounded medication which is basically gabapentin. Normally used to treat seizures, there is no clinical indication of a neuropathic pain lesion therefore, when comparing the clinical information presented in the progress notes reviewed tempered by the parameters noted in the California Medical Treatment Utilization Schedule, this is not medically necessary.