

<b>Case Number:</b>	CM14-0055814		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 & Rehabilitation 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:

53 year old woman who tripped and landed on her left knee on 2/26/2013. Her injuries include cervical radiculopathy, right rotator cuff tear, lateral epicondylitis, wrist pain lumbar disc bulges and bilateral knee sprains. She received physical therapy and shockwave treatment to her neck, shoulder and back. There are plans for physical therapy, chiropractic and acupuncture. Physical exam showed pain to palpation, positive, distraction, compression, Neers, Hawkin's, Speed's, Tinel's, Phelan's, Flicker, Flip, Tripod and Laseque's test. There was effusions in the knee and tenderness in the joint lines. Range of motion in the wrist were decreased. Diagnoses: 1. Cervical spine pain 2. Cervical radiculopathy 3. Right rotator cuff tear 4. Right tennis elbow 5. Bilateral wrist pain 6. Lumbar spine multilevel HNP 7. Lumbar radiculopathy 8. Bilateral Knee sprain Requests for Ketoprofen in PLO gel, Cyclobenzaprine in PLO gel, Dicopanol, Deprzine, Fanatrex, Synapryn, and Tabradol were denied for lack of support by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 120 Grams compounded Ketoprofen 20% in PLO Gel (Pluronic Lecithin Organogel) between 4/16/2014 and 5/31/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications (May 2009).

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

**Decision rationale:** The treating physician has not indicated the body part being treated with the topical Ketoprofen. The IMR process requires the reviewer to deny medication if used for nonindicated applications. Conversely, a medication must be approved if used according to guidelines. The records provided do not indicate which body part is being treated and for what purpose. The request is not medically necessary.

**Prospective request for 120 Grams compounded Cyclobenzaprine 5% in PLO Gel (Pluronic Lecithin Organogel) between 4/16/2014 and 5/31/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications (May 2009).

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

**Decision rationale:** Cyclobenzaprine is not indicated by the CA MTUS for topical analgesic use. The request for 120 grams compounded Cyclobenzaprine 5% in PLO Gel (Pluronic Lecithin Organogel) between 4/16/2014 and 5/31/2014 is not medically necessary.

**Prospective request for 1 prescription of Dicopropanol 150ml between 4/16/2014 and 5/31/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia.

**Decision rationale:** The primary treating physician does not state the reason he is prescribing the medication. He does state in his letter of medical necessity that the medication is used for the treatment of insomnia. Using the assumption that he is using the medication for insomnia, there is no indication regarding the frequency of taking the medication. The amount requested provides for a 150 day supply. Even though the PTP states the medication is an ingredient for over the counter sleep aid, over the counter sleep aids do not recommend using a sleep aid for more than 7-10 days. The frequency of the medication does not fit guideline criteria. ODG states that insomnia should be treated by etiology. It appears the patient's insomnia is due to pain. Dicopropanol should not be used to treat pain. Indication for Dicopropanol is not supported by guidelines. Finally, proprietary ingredients are not mentioned. It would make sense that it was used to elevate the cost of the compounded medication. The use of unknown proprietary ingredients are not recommended by ODG, ACOEM or CA MTUS. The request is not medically necessary.

**Prospective request for 1 prescription of Deprizine 250ml between 4/16/2014 and 5/31/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There is no documentation of dyspepsia due to NSAIDs in the notes. There is no documentation of gastritis, dyspepsia or industrial peptic ulcer disease. Use of this medication is not recommended because the application was not specified. The proprietary ingredients are not delineated and I am sure they account for a significant part of the price. MTUS does not support the use of unknown proprietary ingredients. The request is not medically necessary.

**Prospective request for 1 prescription of Fanatrex 420ml between 4/16/2014 and 5/31/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs, page 16 Page(s): 16.

**Decision rationale:** The primary treating physician does not state why he is using Fanatrex. Even assuming it is being used for neuropathic pain, the guidelines do not recommend the use of other unknown proprietary ingredients. The request is not medically necessary.

**Prospective request for 1 prescription of Synapryn 500ml between 4/16/2014 and 5/31/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96 Page(s): 74-96.

**Decision rationale:** The primary treating physician does not state why he is using Synapryn. Even assuming it is being used for pain, the guidelines do not recommend the use of other unknown proprietary ingredients. The request is not medically necessary.

**Prospective request for 1 prescription of Tabradol 250ml between 4/16/2014 and 5/31/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, page 41 Page(s): 41.

**Decision rationale:** The primary treating physician does not state why he is using Tabradol. Even assuming it is being used for its indicated useage, the guidelines do not recommend chronic daily use of cyclobenzaprine. The SIG (instructions) is for 2-3 times per day and an 80 day supply is given. The other unknown proprietary ingredients are not recommended. The request is not medically necessary.