

<b>Case Number:</b>	CM14-0056364		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 48-year-old male who was reportedly injured on January 18, 2008. The mechanism of injury was having his right knee give out and falling down, hitting his head on a truck. The most recent progress note dated April 22, 2014, indicated that there were ongoing complaints of neck pain, mid back pain, low back pain, bilateral knee pain, stress, anxiety, and depression. The physical examination demonstrated tenderness along the cervical spine paraspinal muscles, trapezius, rhomboids, and levator scapulae muscles. There were slightly decreased cervical spine range of motion and a positive cervical distraction and compression test. Upper extremity neurological testing revealed decreased sensation at the C5, C6, C7, CA and T1 dermatomes of the upper extremities. Examination of the thoracic spine revealed tenderness over the thoracic paraspinal muscles and over the spinous processes from T1 through T11. The examination of the lumbar spine also noted tenderness to the paraspinal muscles. Trigger point was noted at the right posterior superior iliac spine. There was decreased lumbar spine range of motion. Examination of the knees noted tenderness of the medial joint lines, and the right sided patellofemoral joint. There was crepitus with range of motion. There was decreased sensation noted at the bilateral L4, L5, and S1 dermatomes. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included activity modification, trigger point injections, right shoulder surgery, and right foot surgery. A request had been made for compounded ketoprofen 20% in pluronic lecithin organogel 120 grams, compounded cyclophene 5% in pluronic lecithin organogel 120 grams, oral suspension of Synapryn and an oral suspension of tramadol and was not certified in the pre-authorization process on April 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Compounded Ketoprofen 20% in Pluronic Lecithin Organogel 120grams: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason this request for compounded ketoprofen 20% in pluronic lecithin organogel 120 grams is not medically necessary.

**1 Compounded Cyclophene 5% in Pluronic Lecithin Organogel 120grams: 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 8 C.C.R. 9792.20 - 9792.26. (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for compounded cyclophene 5% in pluronic lecithin organogel 120 grams is not medically necessary.

**1 Oral suspension of Synapryn 10mg/ ml/ 500ml: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82, 113.

**Decision rationale:** Synapryn contains both tramadol, glucosamine, and other agents. The California Medical Treatment Utilization Schedule Guidelines support the use of tramadol for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of tramadol. Additionally, there was no justification for an oral suspension form of this medication. As such, this request for an oral suspension of Synapryn is not medically necessary.

**1 Oral suspension of Tramadol 1mg/ ml/ 250ml: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82, 113.

**Decision rationale:** The California Medical Treatment Utilization Schedule support the use of tramadol for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of tramadol. Additionally, there was no justification supplied for requesting the oral suspension form of this medication. As such, the request for an oral suspension of tramadol is not medically necessary.