

Case Number:	CM14-0056833		
Date Assigned:	07/09/2014	Date of Injury:	02/27/2008
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 53 year-old female who was reportedly injured on February 27, 2008. The mechanism of injury is noted as walking into a pole. Injuries to the right shoulder and left knee are noted. The most recent progress note dated July 1, 2014, indicates that there are ongoing complaints of right shoulder and left knee pain. The physical examination demonstrated a 5'7", 330 pound female in slight distress. Also noted are well healed surgical portals in the right shoulder, a decreased right shoulder range of motion and tenderness to palpation. A marked reduction in right shoulder range of motion is reported. The left knee range of motion is reduced and flexion. Diagnostic imaging studies are not presented for review. Previous treatment includes multiple medications, physical therapy, injection therapies, shoulder arthroscopic surgery and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on April 18, 2014.

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, 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: When noting the date of injury, the mechanism of injury, the surgical interventions completed and the findings on physical examination there is no clinical indication presented that this topical non-steroidal is having any efficacy or utility. There are limited clinical studies demonstrating the efficacy of this preparation and when noting the current clinical situation there is no identified medical necessity for the continued use.

Compounded Cyclophene 5% in PLO gel, 120g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: This is a topical benzodiazepine preparation and is only indicated for short-term treatment of acute muscle spasm. Neither of these maladies appears to be present. Furthermore, when noting the date of injury, the injury sustained, the surgical treatment rendered and the comorbidity of morbid obesity there is no clinical indication that this preparation would have any efficacy whatsoever. Therefore, no medical necessity has been established.

Synapryn (10mg/1ml oral suspension), 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 50, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: This is an oral suspension of the medication tramadol. Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. Furthermore, when noting the date of injury, the injury sustained, the surgical interventions completed there simply is no clinical indication that this medication has had any efficacy or utility in treating the pain complaints. Therefore, based on the clinical information presented for review there is no medical necessity established.

Tabradol 1mg/ml oral suspension, 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: This medication contains a benzodiazepine which is a muscle relaxant and there are no clinical indications that such a malady exists. The injured worker is a morbidly obese individual, who has undergone shoulder and knee arthroscopy, and continues to have a reduced range of motion. The use of this type of medication is indicated for short-term and there is no clinical indication for chronic or indefinite use. Therefore, the request for Tabradol 1mg/ml oral suspension, 250 ml is not medically necessary and appropriate.

Deprizine 10mg/ml oral suspension, 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68.

Decision rationale: This medication is a compound oral suspension that includes a protein pump inhibitor. A protein pump inhibitor is indicated in the treatment of gastritis, gastroesophageal reflux disease or can be used as a protector against non-steroidal medications. However, given the date of injury, the current clinical situation there are no complaints relative to gastritis or gastrointestinal distress. Therefore, based on the body habitus of the injured worker and the lack of any complaints there does not appear to be any clinical indication for this medication. This is not medically necessary.