

Case Number:	CM14-0083539		
Date Assigned:	07/21/2014	Date of Injury:	11/01/2004
Decision Date:	09/12/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 records presented for review indicate that this 56-year-old individual was reportedly injured on November 1, 2004. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated May 27, 2014, indicated that there were ongoing complaints of left shoulder and right knee pains. The physical examination demonstrated well-developed well-nourished individual who has tenderness to palpation at the subacromial space and over the acromioclavicular joint. A decrease in left shoulder range of motion was noted. The Empty can, Neer's impingement and supraspinatus tests were noted to be positive. A decrease in sensation was noted in the C6 and C7 dermatomes and there was reported motor loss in C5, C6, C7, C8 and T1 myotomes. Diagnostic imaging studies were not reviewed. Previous treatment included shoulder arthroscopy, knee arthroscopy, multiple medications, physical therapy and pain management interventions. A request had been made for multiple topical preparations and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cyclophene 5% 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Muscle Relaxants, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental," and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". In this case, the topical cyclobenzaprine is not warranted. The literature does not support transdermal benzodiazepines and benzodiazepines are not supported for chronic or indefinite use. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no objectification of such a trial. As such, this request is not considered medically necessary.

Topical Compound Ketoprofen 20% 120 gm 4/08/14-7/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: This agent is not FDA approved for topical application. There is a high incidence for contact dermatitis. Furthermore, the transdermal delivery model for non-steroid anti-inflammatories has a very limited application. Lastly, when noting that there is no objectified efficacy or utility, there is no improvement in functionality or range of motion, there is no clinical indication to support this request. Therefore, this is not medically necessary.

Synapryn 10mg/1ml 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 (Effective July 18, 2009) Page(s): 82,113.

Decision rationale: Ultram is a centrally acting synthetic opioid and not recommended as a first-line oral analgesic. Additionally, transdermal delivery of this analgesic is not supported in the literature. Lastly, there is no noted efficacy or utility with the application of this product. Therefore, there is no medical necessity to continue this medication.

Fanatrex 25mg/420ml: 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 (Effective July 18, 2009) Page(s): 16-18.

Decision rationale: This is an oral suspension compounded medication basically gabapentin primarily indicated to treat seizures, and off label use has been noted to address neuropathic pain lesion. There are no specific neuropathic lesions identified in the progress notes presented for review. There are nociceptive lesions. Therefore, the medical necessity of this preparation has not been established.

Dicopanol 5mg/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: Antihistamines as Sleep Aids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 65.

Decision rationale: Diphenhydramine (Dicopanol) 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 and are applicable in this clinical situation. Furthermore, there is no objectification of any efficacy or utility with intervention. As such, the medical necessity is not been established.

Deprizine 15mg/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 (Effective July 18, 2009) Page(s): 65 of 127.

Decision rationale: Diphenhydramine (Dicopanol) 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 and are applicable in this clinical situation. Furthermore, there is no objectification of any efficacy or utility with intervention. As such, the medical necessity is not been established.

Tabradol 1mg/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 (Effective July 18, 2009) Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and

clinical presentation, the guidelines do not support this request for chronic pain intervention. As such, the request is not medically necessary.

Terocin Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 112.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing methyl salicylate 25%, capsaicin 0.025%, menthol 10%, and lidocaine 2.50%. The MTUS notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the claimant has not attempted a trial of either of these classes of medications. As noted in the MTUS, when a single component of the compounded medication is not indicated (lidocaine), the entire medication is not indicated. As such, this request is considered not medically necessary.