

Case Number:	CM13-0060093		
Date Assigned:	12/30/2013	Date of Injury:	09/27/2012
Decision Date:	03/05/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 27, 2012. In a Utilization Review Report dated November 21, 2013, the claims administrator partially approved request for a urine toxicology screening, denied request for Fanatrex, denied request for Synapryn, denied request for Tabradol, denied a request for Cyclophene, denied request for acupuncture, and denied a request for an orthopedic hand surgery consultation. A November 9, 2013 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In said November 9, 2013 progress note, the applicant reported multifocal complaints of hand, wrist, finger, and foot pain. The applicant had undergone previous fifth digit surgery, it was acknowledged, to ameliorate torn ligament. The applicant reported ancillary complaints of anxiety and depression. The applicant had issues with asthma, it was further noted. The applicant was placed off of work, on total temporary disability. Eighteen sessions of acupuncture, 18 sessions of physical therapy, a hand surgery consultation, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and a ketoprofen containing cream were endorsed. It was suggested that this was the applicant's first office visit with the requesting provider, as the applicant had apparently transferred care from a previous provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Periodic UA Toxicological Evaluation: 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 Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, Urine Drug Testing

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter, Urine Drug Testing topic, notes that it is incumbent an attending provider to attach an applicant's complete medication list to the request for authorization for drug testing, also notes that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, suggested that an attending provider attempt to conform to the best practices of United States Department of Transportation when performing drug testing, and also notes that an attending provider should attempt to categorize applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not attach the applicant's complete medication list to the request for authorization for drug testing. The attending provider made no attempt to categorize the applicant into higher- or lower-risk categories for which more or less frequent testing would have been indicated. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Deprizine: 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, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine (Deprizine) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone on the November 9, 2013 progress note at issue. Therefore, the request was not medically necessary.

Dicopanol: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Diphenhydramine Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Dicopanol, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of the efficacy of the medication for the particular condition for which it is being prescribed. While the National Library of Medicine (NLM) does acknowledge that Dicopanol (diphenhydramine) is indicated in the treatment of allergic reactions, motion sickness, and/or symptoms of Parkinson's disease, in this case, however, there was no mention of the applicant's having issues with parkinsonism, allergies, motion sickness, etc., on or around the date in question. Therefore, the request was not medically necessary.

Fanatrex: 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 Functional Restoration Approach to Chronic Pain Management section. Gabapentin topic. Page(s):.

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin (AKA Fanatrex) is indicated in the treatment of neuropathic pain, as was apparently present in the form of the applicant's upper extremity paresthesias, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. Here, the attending provider did not, however, clearly state why brand-name Fanatrex was introduced in favor of generic gabapentin. The request, thus, as written, was at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Synapryn: 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 Glucosamine topic. Page(s): 50. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide.

Decision rationale: Synapryn, per the National Library of Medicine (NLM), is an amalgam of tramadol and glucosamine. While page 58 of the MTUS Chronic Pain Medical Treatment Guidelines notes that glucosamine is indicated in the treatment of arthritis and, in particular, the pain associated with knee arthritis, in this case, however, the November 9, 2013 progress note

failed to contain any mention of issues with arthritis and/or knee arthritis for which glucosamine would have been indicated. Since the glucosamine component of the Synapryn amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request for Synapryn was not medically necessary.

Tabradol: 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 Topical Analgesics topic. Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purpose. Since one or more ingredients in the compound were not recommended, the entire compounded was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Cyclophene: 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 Topical Analgesics topic. Page(s): 111-113.

Decision rationale: Cyclophene represents a cyclobenzaprine containing topical compound. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ketoprofen Cream: 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 Topical analgesics topic. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Here, the attending provider did not furnish any

compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.

Continued Physical Therapy (18-sessions, 3 times a week for 6 weeks for the right hand, and right fifth finger): 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 Physical Medicine topic.Functional Restoration Approach to Chronic Pain Management section.M.

Decision rationale: The 18 sessions of treatment at issue, in and of itself, represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, despite having completed earlier unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of treatment. Therefore, the request for additional physical therapy was not medically necessary.

Acupuncture Sessions (18-sessions, 3 times a week for 6 weeks for the right hand, and right fifth finger): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 18-session course of acupuncture at issue represents treatment well in excess of the "three to six treatments" deemed necessary to produce functional improvement following introduction of acupuncture, per the acupuncture medical treatment guidelines in MTUS 9792.24.1.c.1. The attending provider did not furnish a compelling rationale for such a protracted course of acupuncture well in excess of MTUS parameters. Therefore, the request was not medically necessary.

Consultation with an Orthopedic Surgeon for the Right Hand: Overturned

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 Introduction section. Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was/is off of work. The applicant has undergone earlier hand and finger surgery. Various medications and physical therapy have proven unsuccessful. Obtaining the added expertise of a hand surgeon to determine the applicant's suitability for further surgical intervention, thus, was indicated. Therefore, the request was medically necessary.