

Case Number:	CM14-0124695		
Date Assigned:	09/26/2014	Date of Injury:	08/01/2013
Decision Date:	01/23/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational Medicine, 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:

Patient is a 60 year-old male with date of injury 08/01/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/16/2014, lists subjective complaints as pain in the neck with radicular symptoms to the bilateral upper extremities and pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the suboccipital region and trapezius muscles with trigger points and tightness. Range of motion was restricted in all planes with positive cervical distraction and foraminal compression tests. Sensation to pinprick and light touch was slightly diminished in the C5, C6, C7, C8, and T1 dermatomes. Motor strength was 4/5 to the bilateral upper extremities. Examination of the lumbar spine revealed tenderness to palpation at the spinous processes L2-L55 with bilateral muscle guarding. Straight leg raise was positive bilaterally from a sitting position at 65 degrees. Range of motion was decreased in all planes. Sensation to light touch was decreased over the L5 and S1 dermatomes. Diagnosis: 1. Headaches 2. Status post cervical spine fusion 3. Cervicalgia 4. Cervical disc displacement 5. Radiculopathy, cervical 6. Pain in thoracic spine 7. Thoracic disc displacement 8. Low back pain 9. Lumbar disc displacement 10. Radiculopathy, lumbar 11. Sprain of bilateral knee 12. Internal derangement of bilateral knees 13. Sprain of ankle 14. Joint derangements of bilateral ankle 15. Sexual dysfunction 16. Mood disorders 17. Anxiety 18. Reactions to severe stress 19. Sleep disorder. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as ten months. Medication: Ketoprofen 20%, 120gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 120grams: Upheld

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

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

Decision rationale: The compound contains Ketoprofen and is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and is not recommended by the MTUS. Ketoprofen 20% 120grams is not medically necessary.

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 Page(s): 111.

Decision rationale: Fanatrex 25 mg/mL is a suspension of Gabapentin compounded with glucosamine and various inactive ingredients. It is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient describes radicular pain for which there is some evidence that gabapentin is helpful. However, Fanatrex is a compounded medication which contains glucosamine. The MTUS does not recommend glucosamine, and any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. In addition, there is no documentation as to why the patient would need an oral suspension as opposed to tablets. Fanatrex is not medically necessary.

Synapryn 10mg 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 Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Synapryn containing Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of

functional improvement supporting the continued long-term use of opioids. Synapryn 10mg 500ml is not medically necessary.

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 Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. Tabradol is not medically necessary.

Cyclophene 5% 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 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclophene 5% 120grams is not medically necessary.

Cyclobenzaprine % 100grams: 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 Page(s): 111 and 113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine % 100grams is not medically necessary.

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 Page(s): 68.

Decision rationale: Deprizine 15 mg/ML (Ranitidine Hydrochloride in suspension) is an H2 agonist compounded with inactive ingredients. Although the patient is taking NSAIDs, there is no documentation in the medical record that he has any of the risk factors cited in the MTUS for recommending an H2 agonist. In addition, there is no documentation as to why the patient was prescribed an oral suspension instead of tablets. Deprizine 15 mg/ML is not medically necessary.

Dicopanol 5mg 150ml: 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 Treatment

Decision rationale: The medical record indicates that the patient has trouble sleeping due to pain. The Official Disability Guidelines state that sedating antihistamines have been suggested for sleep aids, but tolerance seems to develop within a few days. The ODG also states that the efficacy and its safety of the long-term treatment of insomnia have not been fully evaluated. In addition, the medical record offers no explanation as to why the employee requires an oral suspension and cannot take a tablet. Dicopanol 5 mg/ml is not medically necessary.

Unknown Prescription of Terocin Patches: Upheld

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

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

Decision rationale: According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The patient's physical exam shows no evidence of radiculopathy or neuropathic pain. In addition, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin Patches are not medically necessary.