

Case Number:	CM14-0151041		
Date Assigned:	09/19/2014	Date of Injury:	03/10/2012
Decision Date:	08/19/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/16/2014

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. 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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 44 year old male, who sustained an industrial injury on 3/10/12. The injured worker has complaints of low back pain; neck pain; left hip pain and left knee and ankle pain. The diagnoses have included low back pain; pain in unspecified hip; other tear of lateral meniscus, current injury, left knee and left ankle joint derangement, unspecified. Treatment to date has included physical therapy; shockwave therapy; terocine patches for pain relief; deprizine for acute or chronic pain; dicopanol for insomnia; fanatex for neuropathic pain; synapryn for osteoarthritic/musculoskeletal pain; tabradol for pain; topical compound capsaicin for neuropathic pain; Flurbiprofen for pain; Tramadol for neuropathic pain and menthol for inflammatory effects. The request was for prospective request for 12 extracorporeal shockwave therapy (ESWT) session for the lumbar spine, left hip, left knee, and left ankle; prospective request for unknown prescription of Terocin patches; prospective request for electromyography /nerve conduction velocity studies of the lower extremities; prospective request for unknown prescription of deprizine; prospective request for unknown prescription of dicopanol; prospective request for unknown prescription of fanatex; prospective request for unknown prescription of synapryn; prospective request for unknown prescription of tabradol; prospective request for unknown prescription of topical compound capsaicin; prospective request for unknown prescription of topical compound Flurbiprofen; prospective request for unknown prescription of Tramadol and prospective request for unknown prescription of menthol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 12 extracorporeal shockwave therapy (ESWT) sessions for the lumbar spine, left hip, left knee, and left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: Per guidelines, Extracorporeal Shockwave Treatment (ESWT) is approved for the treatment of Rotator cuff tendonitis associated with calcific deposits in the tendon (calcific tendonitis). It is recommended for use in patients whose pain has remained despite six months of standard treatment and at least three conservative treatments, including rest, ice, NSAIDs, Orthotics, physical therapy and Cortisone injections. The injured worker complaints of chronic low back, left hip, left knee, and left ankle pain. Documentation fails to demonstrate a diagnosis that fits the criteria for the recommendation of extracorporeal shock wave therapy (ESWT). The request for 12 extracorporeal shockwave therapy (ESWT) sessions for the lumbar spine, left hip, left knee, and left ankle is not medically necessary.

Prospective request for 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 Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Prospective request for unknown prescription of Terocin patches is not medically necessary.

Prospective request for NCV/EMG studies of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Consideration, page 303.

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Documentation indicates that the injured worker complains of chronic radicular low back pain with clinical signs of radiculopathy. The medical necessity for NCV testing is not established. The request for Prospective request for NCV/EMG studies of the lower extremities is not medically necessary per guidelines.

Prospective request for unknown prescription of Deprizine: 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 <http://www.drugs.com/pro/deprizine.html>.

Decision rationale: Deprizine is a compounding kit for oral suspension of Ranitidine. Documentation fails to provide support that the injured worker has a condition that would require an oral suspension of this medication and established guidelines do not support the use of Deprizine. The request for Prospective request for unknown prescription of Deprizine is not medically necessary.

Prospective request for unknown prescription of Dicopanol: 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 <http://dailymed.nlm.nih.gov>.

Decision rationale: Dicopanol is a compounded version of Diphenhydramine. Documentation fails to provide support that the injured worker has a condition that would require a compounded form when the medication is available in pill form. Established guidelines do not recommend Dicopanol. The request for Prospective request for unknown prescription of Dicopanol is not medically necessary.

Prospective request for unknown prescription of Fanatex: 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 <http://www.drugs.com>.

Decision rationale: Fanatrex is a compounding kit for oral suspension of Gabapentin. Established guidelines show no evidence-based support for the use of oral suspension of Gabapentin and documentation fails to show that the injured worker has a condition that would require a compounded form when the medication is available in pill form. The request for prospective request for unknown prescription of Fanatrex is not medically necessary.

Prospective request for unknown prescription of Synapryn: 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 <http://dailymed.nlm.nih.gov>.

Decision rationale: Synapryn is a compounding kit for oral suspension of Tramadol and Glucosamine. Established guidelines show no evidence-based support for the use of oral suspension or compounded form of these medications and documentation fails to show that the injured worker has a condition that would require an oral suspension of medications already available in pill form. The request for Prospective request for unknown prescription of Synapryn is not medically necessary.

Prospective request for unknown prescription of Tabradol: 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 <http://www.drugs.com>.

Decision rationale: Tabradol is a compounding kit for oral suspension of Cyclobenzaprine and Methylsulfonylmethane. Established guidelines show no evidence-based support for the use of oral suspension or compounded form of these medications and documentation fails to show that the injured worker has a condition that would require an oral suspension of medications already available in pill form. The request for Prospective request for unknown prescription of Tabradol is not medically necessary.

Prospective request for unknown prescription of topical compound Capsaicin: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Documentation shows that injured worker is prescribed other topical agents, including Tramadol, Menthol and Flurbiprofen, with no significant improvement in pain or level of function. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Prospective request for unknown prescription of topical compound Capsaicin is not medically necessary by MTUS.

Prospective request for unknown prescription of topical compound Flurbiprofen: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Prospective request for unknown prescription of topical compound Flurbiprofen is not medically necessary.

Prospective request for unknown prescription of Tramadol: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Furthermore, Tramadol is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Prospective request for unknown prescription of Tramadol is not medically necessary by MTUS.

Prospective request for unknown prescription of Menthol: 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 Page(s): 111.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Prospective request for unknown prescription of Menthol is not medically necessary by MTUS.