

Case Number:	CM14-0183083		
Date Assigned:	11/07/2014	Date of Injury:	02/27/2008
Decision Date:	01/05/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 suffered a work related injury on 02/27/2008. She turned and hit herself with a pole in the lunchroom, injuring her right shoulder and left knee. She was initially evaluated and treated with pain medication and physical therapy. She later underwent a MRI and x-rays, and received physical therapy and pain injections. Eventually she underwent a right shoulder surgery in 2010. Her pain is described as constant, moderate to severe, level 9/10, and is aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above shoulder level. She also complains of burning left knee pain. She had a left knee surgery in 1999. She rates the pain as 9/10 and describes her pain as constant, moderate to severe, and aggravated by squatting, kneeling, ascending or descending stairs, prolonged position, including weight bearing, standing, and walking. The medications offer only temporary relief of pain. She has not worked since June of 2008. Upon right shoulder exam, tenderness is noted to palpation at the trapezius and levator scapula muscles, with a trigger point noted. There is tenderness at the subacromial space, at the rhomboid and supraspinatus muscles, as well as the AC joint, with mild arthrosis noted. The injured worker wears an open-patella knee brace on the left knee. She is unstable when she walks, and has pain in the left knee. Tenderness is noted to palpation over the medial joint line, at the patellofemoral joint, and at the pes anserine bursa. Recommended treatments include Depriazine, Dicoprofanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen Cream. These treatments were denied by the Claims Administrator on 10/24/2014 and are subsequently submitted for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream, 165 grams, provided on September 5, 2014: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the component of Ketoprofen. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of Ketoprofen 20% cream, 165 grams, provided on September 5, 2014 is not medically necessary.

Cyclobenzaprine 5% cream, 100 grams, provided on September 5, 2014: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of the component of the proposed topical analgesic, cyclobenzaprine. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from first line pain medications. Based on the above, the use of Cyclobenzaprine 5% cream, 100 grams, provided on September 5, 2014 is not medically necessary.

Synapryn 10 mg/1 ml, 500 ml, provided on September 5, 2014: 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 Tramadol; Criteria for use of opioids Page(s): 111; 76-79.

Decision rationale: Synapryn contains Tramadol and Glucosamine. According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medication. There is no clear justification for the need to continue the use of Tramadol. Furthermore, MTUS does not support the use of glucosamine for back pain. Therefore, the prescription of Synapryn 10 mg/1 ml, 500 ml, provided on September 5, 2014 is not medically necessary at this time.

Tabradol 1 mg/ml, 250 ml, provided on September 5, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93 - 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Tabradol contains Cyclobenzaprine. According to MTUS guidelines, an non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic back pain and spasm and the prolonged use of Tabradol is not justified. The request is not medically necessary.

Deprizine 15 mg/ml, 250 ml, provided on September 5, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: Deprizine contains Ranitidine which is a histamine H2 receptor antagonist. According to MTUS guidelines, Ranitidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Deprizine 15 mg/ml, 250 ml, provided on September 5, 2014 is not medically necessary.

Dicopanol 5 mg/ml, 150 ml, provided on September 5, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Diphenhydramine > <http://en.wikipedia.org/wiki/Diphenhydramine>

Decision rationale: Dicopanol contains diphenhydramine, a sedative and anti-histamine medication. There is no recent documentation that the patient developed insomnia or allergic reaction to support the use of the medication. Therefore, Dicopanol 5 mg/ml, 150 ml, provided on September 5, 2014 is not medically necessary.

Fanatrex 25 mg/ml, 420 ml, provided on September 5, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: Fanatrex contains Gabapentin which is a medication approved for neuropathic pain. According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), 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. There is no recent documentation that the patient developed a neuropathic pain. Therefore, the request for Fanatrex (Gabapentin) is not medically necessary.

