

<b>Case Number:</b>	CM14-0184130		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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. 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: California, Indiana, 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:

Pursuant to the progress note dated September 25, 2014, the IW is status post left knee surgery; right knee patella dislocation; meniscus tear repair surgery, with residual pain. She rates her pain 2-5/10; pain is described as constant, moderate to severe; aggravated by squatting, kneeling, ascending or descending stairs, prolonged positioning including weight bearing, standing and walking. She also complains of numbness, tingling, and pain radiating to the feet and right knee wells. She is experiencing anxiety and insomnia. Pain is decreased with medications and activity restrictions. Objective physical findings revealed normal gait, tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint bilaterally. Range of motion in degrees right/left 90/130; extension=0/0. Slightly decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. Motor strength is 4/5 in the bilateral lower extremities. Vascular pulses are 2+ and symmetrical in the bilateral lower extremities. The IW was diagnosed with status post bilateral knee surgery with residual pain, bilateral knee internal derangement, anxiety disorder, mood disorder, sleep disorder, and stress. Current medications include: Ketoprofen 20% cream, Cyclobenzaprine 5% cream, Synapryn 10mg/ml oral suspension, Tabradol 1mg/ml oral suspension, Deprizine 5mg/ml oral suspension, Dicopanol 5mg/ml oral suspension and Fanatrex 25mg/ml oral suspension; all prescribed in August of 2014. The provider recommends the following: Continue acupuncture 3 times a week for 6 weeks for bilateral knees and shockwave therapy, 3 treatments for bilateral knees. The IW was instructed to remain off work and return to clinic in 4 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Shockwave therapy for bilateral knees, qty. 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Shockwave Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, shockwave therapy for the bilateral knees #3 is not medically necessary. The guidelines indicate extracorporeal shock wave therapy (ESWT) is under study for patellar tendinopathy and for long bone hypertrophic non-unions. In this case, the injured worker developed pain in the knees while walking upstairs. The diagnoses are status post bilateral knee surgery with residual pain, bilateral knee internal derangement. Consequently, ESWT is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, shockwave therapy to the bilateral knees #3 is not medically necessary.

### **Acupuncture treatments for bilateral knees, qty. 18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Acupuncture

**Decision rationale:** Pursuant to the Official Disability Guidelines, acupuncture treatments to the knees bilaterally #18 are not medically necessary. Acupuncture is recommended as an option for osteoarthritis, but benefits are limited. The ODG guidelines recommend initial trial of 3 to 4 visits over two weeks with evidence of objective functional improvement. Total up to 8 to 12 visits over 4 to 6 weeks. In this case, the treating physician recommended 18 visits. This request falls outside of the guidelines and is consequently, not medically necessary. The appropriate request within 3 to 4 visits over two weeks with a subsequent determination of functional objective improvement. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, acupuncture treatments to the knee #18 are not medically necessary.

### **Ketoprofen 20% cream 165gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen 20% cream #165 g is not medically necessary. Topical analgesics are largely experimental few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants failed. Ketoprofen is not FDA approved. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. In this case, the treating physician requested ketoprofen cream. Ketoprofen is not FDA approved. Consequently, ketoprofen is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, ketoprofen 20% cream #165 is not medically necessary.

**Cyclobenzaprine 5% cream 100gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 5% cream is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Cyclobenzaprine is a muscle relaxant. The guidelines indicate there is no evidence for use of any muscle relaxant as a topical product (cyclobenzaprine). In this case, the treating physician requested cyclobenzaprine 5% cream. However, topical cyclobenzaprine is not recommended and consequently, not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, cyclobenzaprine 5% cream is not medically necessary.

**Synapryn (10gm/ml) oral suspension 500ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, and 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Synapryn (tramadol) 10 g per ML Oral suspension 500 ML's is not medically necessary. The guidelines state chronic use of opiate requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The lowest possible dose should be prescribed to improve pain and function. In this case, the requesting physician ordered tramadol suspension. The date of injury is July 24, 1993 through July 12, 2012. There is no documentation in the medical record as to objective functional improvement with the use of tramadol suspension (opiate containing suspension) and consequently, its long-term use is not medically necessary. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, Synapryn 10gm/ml 500 ML's is not medically necessary.

**Tabradol 1mg/ml oral suspension 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Official Disability Guidelines, Tabrodol 1 mg per ML Oral suspension #250 MLs is not medically necessary. Tabrodol is cyclobenzaprine. Cyclobenzaprine is a muscle relaxant. Also relaxants are indicated as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Sedation is the most common adverse side effect. Cyclobenzaprine is recommended for short course of therapy. In this case, the injured worker is a 58-year-old with injuries to the knees while walking upstairs. The injured worker status post bilateral knee surgery with residual pain, bilateral internal need to arrangement, and associated mental health related disorders. The documentation does not contain any entries or progress notes that reflect muscle spasm. There is no documentation with medical necessity/indication noted in the record. Additionally, cyclobenzaprine requires short term use. There is no documentation in the record that suggests the timeframe for this medication. Consequently, Tabrodol (cyclobenzaprine) Oral suspension is not medically necessary.

**Deprizine 5mg/ml oral suspension 250ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID, GI Effects

**Decision rationale:** Pursuant to the Official Disability Guidelines, Deprizine (Ranitidine) 5 mg per ML Oral suspension #250 MLs is not medically necessary. The guidelines recommend H2

receptor antagonists for patients at risk for gastrointestinal events. These events/risks include age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants; or high-dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the documentation does not suggest or reflect the injured worker has any history of gastrointestinal issues, comorbidities for risk factors that warrant the use of H2 receptor antagonists. Consequently, Deprizine oral suspension is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Deprizine 5 mg per ML oral suspension #250 MLs is not medically necessary.

**Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682539.html>

**Decision rationale:** Pursuant to Medline plus, Dicopanol (diphenhydramine) 5 mg/ml oral suspension #150 is not medically necessary. Diphenhydramine is used to relieve red, irritated, itchy, watery eyes, and runny nose caused by hayfever, allergies or the common cold. For additional indications see the attached link. It is also used to treat insomnia (difficulty falling asleep or staying asleep). The FDA guidelines recommend diphenhydramine for allergic conjunctivitis, uncomplicated allergic skin manifestations, angioedema, active and prophylactic treatment of motion sickness, for Parkinson's disease. Medical necessity does not meet FDA guidelines and consequently, diphenhydramine 5 mg per ML #150 ML's is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, diphenhydramine 5 mg per ML #150 ML's is not medically necessary.

**Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fanatrex (gabapentin) 25 mg per ML Oral suspension 420 ML's is not medically necessary. The guidelines indicate Gabapentin is recommended for some neuropathic conditions and fibromyalgia. It is associated with a modest increase in the number of patients experiencing meaningful pain reduction. It is an AED. In this case, the gabapentin was prescribed August 25, 2014. It was renewed October 14, 2014. There is no documentation in the record to support functional objective improvement and consequently, gabapentin oral suspension is not medically necessary. It was simply renewed. Based on clinical information in

the medical record in the peer-reviewed evidence-based guidelines, gabapentin 25 mg per ML Oral suspension 420 ML's is not medically necessary.