

Case Number:	CM14-0189055		
Date Assigned:	12/24/2014	Date of Injury:	05/31/2010
Decision Date:	01/21/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 48 year old female with date of injury 5/31/2010. The mechanism of injury is stated as cumulative overuse injury. The patient has complained of neck pain and low back pain since the date of injury. She has been treated with physical therapy and medications. MRI of the cervical spine dated 10/2014 revealed degenerative disc disease and neuroforaminal narrowing at several levels. MRI of the lumbar spine dated 10/2014 revealed degenerative disc disease and neuroforaminal narrowing at several levels. Objective: cervical spine decreased and painful range of motion, lumbar spine decreased and painful range of motion, decreased sensation in the C5-8, T1 dermatomes of the upper extremities; decreased sensation in the L4-5, S1 dermatomes of the lower extremities. Diagnoses: cervical spine strain, cervical radiculopathy, lumbar spine strain, lumbar radiculopathy. Treatment plan and request: Ketoprofen 20% cream, Cyclobenzaprine 5% cream, Synapryn suspension, Tabradol suspension, Fanatrex suspension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 165gm: Upheld

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

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

Decision rationale: This 48 year old female has complained of neck pain and low back pain since date of injury 5/31/10. She has been treated with physical therapy and medications. The current request is for Ketoprofen cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Ketoprofen cream is not indicated as medically necessary.

Cyclobenzaprine 5% cream 100gms: Upheld

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

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

Decision rationale: This 48 year old female has complained of neck pain and low back pain since date of injury 5/31/10. She has been treated with physical therapy and medications. The current request is for Cyclobenzaprine cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Cyclobenzaprine cream is not indicated as medically necessary.

Synapryn 10mg/1ml oral suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-85, 88-89.

Decision rationale: This 48 year old female has complained of neck pain and low back pain since date of injury 5/31/10. She has been treated with physical therapy and medications. The current request is for Synapryn. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids contract and documentation of failure of prior non-opioid therapy. Additionally, there is no documented provider rationale regarding the necessity of use of a compounded medication. On the basis of

this lack of documentation and failure to adhere to the MTUS guidelines, Synapryn is not indicated as medically necessary.

Tabradol 1mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: This 48 year old female has complained of neck pain and low back pain since date of injury 5/31/10. She has been treated with physical therapy and medications. The current request is for Tabradol, an oral suspension of Cyclobenzaprine. It is unclear from the available medical records how long the patient has been taking Tabradol. Per the MTUS guidelines cited above, treatment with Cyclobenzaprine should be reserved as a second line agent and should be used for a short course (2 weeks) only, and the addition of Cyclobenzaprine to other agents is not recommended. On the basis of the cited MTUS guidelines, Tabradol is not indicated as medically necessary in this patient.

Fanatrex 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic drugs Page(s): 49.

Decision rationale: This 48 year old female has complained of neck pain and low back pain since date of injury 5/31/10. She has been treated with physical therapy and medications. The current request is for Fanatrex. Per the MTUS guideline cited above, gabapentin is an anti-epileptic agent recommended to treat diabetic painful neuropathy and post herpetic neuropathy. There is no documentation in the available medical records that supports the presence of any of these medical conditions. On the basis of this lack of documentation, Fanatrex is not indicated as medically necessary.