

Case Number:	CM14-0190799		
Date Assigned:	11/24/2014	Date of Injury:	07/15/2003
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 45 year old male with an injury date on 07/15/2013. Based on the 09/26/2014 progress report provided by the treating physician, the diagnoses are: Cervical spine; radiculopathy; cervical spine sprain; R/o cervical disc displacement (HNP); status post lumbar spine fusion; lumbar spine sprain/strain; lumbago; R/O lumbar disc displacement; R/O radiculitis, lower extremity; hypertension; seizures; mood disorder, anxiety; and sleep disorder. According to this report, the patient complains of constant, moderate to severe "burning, radicular neck pain and muscle spasms." Pain is rated as a 7/10 and is associated with numbness and tingling of the bilateral upper extremities. Physical exam reveals tenderness at the cervical /lumbar paraspinal muscles and lumbosacral junction. Range of motion of the cervical and lumbar spine is limited. Sensation to pinprick and light touch is diminished over C5, C6, C7, C8, T1, L4, L5 and S1 dermatomes in the bilateral upper/lower extremities. Motor strength is decreased secondary to pain in the bilateral upper/lower extremities. Straight leg raise test is positive, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request for Ketoprofen 20% Cream #165gms, Cyclobenzaprine 5% Cream, Synapryn 10mg/1ml Oral Suspension #500ml, Tabradol 1mg/ml Oral Suspension #250ml, Deprizine 15mg/ml Oral Suspension #250ml, Dicopanol 5mg/ml Oral Suspension #150ml, and Fanatrex 25mg/ml Oral Suspension #420ml on 11/07/2014 based on the MTUS/Official Disability Guidelines (ODG) guidelines. The requesting physician provided treatment reports from 08/28/2014 to 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% Cream #165gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 09/26/2014 report, this patient presents with constant, moderate to severe "burning, radicular neck pain and muscle spasms." Per this report, the current request is for Ketoprofen 20% Cream #165gms. MTUS specifically states ketoprofen is not FDA approved for topical applications. Any compounded topical product containing ketoprofen would not be recommended. Therefore, the request is not medically necessary.

Cyclobenzaprine 5% Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 09/26/2014 report, this patient presents with constant, moderate to severe "burning, radicular neck pain and muscle spasms." Per this report, the current request is for Cyclobenzaprine 5% Cream. Regarding Cyclobenzaprine topical, MTUS also states, regarding other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine cream is not recommended for topical formulation. Therefore, the request is not medically necessary.

Synapryn 10mg/1ml Oral Suspension #500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; and Glucosamine (and Chondroitin Sulfate) Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Opioids Page(s): 60-61; 88-89; 76-78.

Decision rationale: According to the 09/26/2014 report, this patient presents with constant, moderate to severe "burning, radicular neck pain and muscle spasms." Per this report, the current request is for Synapryn (Tramadol) 10mg/1ml Oral Suspension #500ml. This medication was first mentioned in the 08/28/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's

(analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the reports do not show documentation of pain assessment; no numerical scale is used describing the patient's function; and no outcome measures are provided. No specific activities of daily livings (ADL's), return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology or CURES. The treating physician has failed to properly document analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. Therefore, the request is not medically necessary. In this case, the reports does not show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no opiate monitoring such as urine toxicology or CURES. The treating physician has failed to properly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. Therefore, the request is not medically necessary.

Tabradol 1mg/ml Oral Suspension #250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 09/26/2014 report, this patient presents with constant, moderate to severe "burning, radicular neck pain and muscle spasms." Per this report, the current request is for Tabradol 1mg/ml Oral Suspension #250ml. Tabradol is reported to contain Methsulfonylemethane (MSM) and Cyclobenzaprine. Under topical analgesics, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MSM is not FDA approved for medical treatment of any condition. Regarding Cyclobenzaprine topical, MTUS states that with other muscle relaxants there is no evidence for use of any other muscle relaxant as a topical product. Therefore, the request is not medically necessary.

Deprizine 15mg/ml Oral Suspension #250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 09/26/2014 report, this patient presents with constant, moderate to severe "burning, radicular neck pain and muscle spasms." Per this report, the current request is for Deprizine 15mg/ml Oral Suspension #250ml. The MTUS Guidelines, NSAIDs, GI

Symptoms & Cardiovascular Risk, page 69 stated that recommendations are with precautions as indicated below: "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of reports show that the patient is not currently on non-steroidal anti-inflammatory drug (NSAID) and has no gastrointestinal (GI) side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request is not medically necessary. Review of reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request is not medically necessary.

Dicopanol 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 www.drugs.com/pro/dyphenhydramine.html

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

Decision rationale: According to the 09/26/2014 report, this patient presents with constant, moderate to severe "burning, radicular neck pain and muscle spasms." Per this report, the current request is for Dicopanol 5mg/ml Oral Suspension #150ml. Dicopanol is diphenhydramine 5mg/ml in an oral suspension. Regarding diphenhydramine, Official Disability Guidelines (ODG) state "sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012)" Review of reports show the patient has sleeping issue per diagnosis. In this case, the treating physician is requesting Dicopanol which the medication was first noted in the 08/24/2014 report. Dicopanol is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, the request is not medically necessary.

Fanatrex 25mg/ml Oral Suspension #420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Medication for chronic pain Page(s): 16-18; 60.

Decision rationale: According to the 09/26/2014 report, this patient presents with constant, moderate to severe "burning, radicular neck pain and muscle spasms." Per this report, the current request is for Fanatrex 25mg/ml Oral Suspension #420ml. This medication was first mentioned in the 08/28/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of reports indicates that the patient has neuropathic pain. The Official Disability Guidelines (ODG) supports the use of anti-convulsants for neuropathic pain. However, the treating physician does not mention that this medication is working. There is no discussion regarding the efficacy of the medication. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.