

Case Number:	CM14-0195921		
Date Assigned:	12/03/2014	Date of Injury:	06/11/2012
Decision Date:	01/23/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/22/2014

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 Occupational Medicine 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 applicant is a represented office employee who has filed a claim for neck, knee, foot, and low back pain reportedly associated with an industrial contusion injury of June 11, 2002. In a Utilization Review Report dated October 22, 2014, the claims administrator denied a request for Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, physical therapy for the knee and foot, and extracorporeal shock wave therapy for the knee and foot. The claims administrator stated that its decisions were based on an RFA form of October 10, 2014 and a progress note dated September 12, 2014. The applicant's attorney subsequently appealed. In said September 12, 2014 progress note, the applicant reported ongoing complaints of knee, neck, low back, and leg pain, highly variable, 5-8/10. The applicant stated that her pain complaints were constant. The applicant had unspecified problems with her stomach, it was stated. Various dietary supplements and topical compounds were endorsed, including Deprizine, an amalgam of ranitidine and "other proprietary ingredients," Dicopanol, an amalgam of diphenhydramine and "other proprietary ingredients," Fanatrex, an amalgam of gabapentin and "other proprietary ingredients," Synapryn, an amalgam of tramadol-glucosamine and "other proprietary ingredients," Tabradol, an amalgam of cyclobenzaprine, MSM, and "other proprietary ingredients," capsaicin, a flurbiprofen containing compound, menthol, cyclobenzaprine, and gabapentin. The applicant was returned to regular duty work (on paper), although it was not clear whether the applicant was or was not working. An orthopedic knee surgery consultation, 18 sessions of physical therapy, and extracorporeal shock wave therapy were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml 500ml: 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), Comp 2012 on the Web (www.odgtreatment.com); Work Loss Data Institute (www.worklossdata.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide

Decision rationale: Synapryn is an amalgam of tramadol, glucosamine, and other proprietary ingredients, per the attending provider and the National Library of Medicine (NLM). While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine, one of the ingredients in the compound, is indicated in the treatment of pain associated with arthritis and, in particular knee arthritis, in this case, there was no clearly stated diagnosis of knee arthritis present for which the glucosamine-containing Synapryn amalgam would have been indicated. Therefore, the request is not medically necessary.

Trabradol 1mg/ml 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 (ODG), Comp 2012 on the Web (www.odgtreatment.com); Work Loss Data Institute (www.worklossdata.com)

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Deprizine 5mg/ml 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 (ODG), Comp 2012 on the Web (www.odgtreatment.com); Work Loss Data Institute (www.worklossdata.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: Deprizine, per the requesting provider and the maker of the product, is an amalgam of ranitidine and "other proprietary ingredients." While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine are

indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no explicit mention of issues with reflux, heartburn, and/or dyspepsia which would compel provision of ranitidine (Deprizine). Therefore, the request was not medically necessary.

Faxatrex 25mg/ml 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 (ODG), Comp 2012 on the Web (www.odgtreatment.com); Work Loss Data Institute (www.worklossdata.com)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Gabapentin Page(s): 7, 49.

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is a first-line treatment for neuropathic pain, as is present here in the form of the applicant's reported cervical radiculopathy, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. In this case, the attending provider has not clearly outlined why the brand-name Fanatrex amalgam containing "other proprietary ingredients" is preferable or superior to generic gabapentin capsules. Therefore, the request was not medically necessary.

Physical therapy left knee, right foot (sessions) QTY: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

Decision rationale: The 18-session course of treatment at issue, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. It is further noted that this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment and on page 48 of the ACOEM Practice Guidelines to the effect that it is incumbent upon a requesting provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, the applicant's response to earlier treatment was not detailed. It was not clearly stated whether the applicant was or was not working. The attending provider did not clearly outline any goals for such a lengthy, protracted course of physical therapy, it is further noted. The bulk of the occupation on file comprised largely of preprinted checkboxes. No narrative rationale or

commentary was furnished to support treatment of this duration, magnitude, and overall amount. Therefore, the request is not medically necessary.

Shockwave therapy left knee, right foot (sessions) QTY: 18.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 98, 8. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Extracorporeal Shock Wave Therapy

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, Table 14-6 does acknowledge that extracorporeal shock wave therapy for plantar fasciitis, one of the diagnoses reportedly present here, is "optional," and while the Third Edition ACOEM Guidelines Knee Chapter states that there is "no recommendation" for or against extracorporeal shock wave therapy for knee tendonitis, as is also present here, these recommendations are qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that passive modalities such as extracorporeal shock wave therapy should be employed "sparingly" during the chronic pain phase of a claim. ACOEM Chapter 14, page 376 further notes that passive physical therapy modalities are "not recommended." The 18-session course of extracorporeal shock wave therapy, thus, is at odds with both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and with page 376 of the ACOEM Practice Guidelines and, furthermore, runs counter to the position set forth on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the request for 18 sessions of extracorporeal shock wave therapy does not, by implication, contain any proviso to re-evaluate the applicant in the midst of treatment so as to ensure a favorable response to the same before continuing with extracorporeal shock wave therapy. The request, thus, is at odds with several MTUS principles and parameters. Therefore, the request is not medically necessary.