MAXIMUS Federal Services

Case Number:	CM14-0201809		
Date Assigned:	12/12/2014	Date of Injury:	07/31/2014
Decision Date:	02/03/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/02/2014

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 [redacted] employee who has filed a claim for low back pain reportedly associated with an industrial injury of July 31, 2014.In a utilization review report dated October 31, 2014, the claims administrator denied a request for various topical compounds and oral suspensions. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Medical Fee Schedule (OMFS) were cited, along with a September 22, 2014 progress note.The applicant's attorney subsequently appealed.On said September 22, 2014 progress note, the applicant reported a primary complaint of low back pain. The applicant was asked to pursue extracorporeal shockwave therapy and chiropractic manipulative therapy. Little to no narrative commentary was furnished. The note was highly templated. Prescriptions for a ketoprofen-containing cream, cyclobenzaprine-containing cream, Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex were all endorsed.In a subsequent progress note dated October 20, 2014, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back pain radiating to the right leg. Many of the same topical compounds and dietary supplements were again endorsed, including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, the cyclobenzaprine-containing cream, and the ketoprofen-containing cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the ketoprofen-containing compound at issue are "not recommended." In this case, the attending provider did not clearly outline why what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals could not be employed here. Therefore, the request was 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the cyclobenzaprine-containing cream at issue are deemed "not recommended." In this case, the attending provider did not clearly outline why what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals cannot be employed here. Therefore, the request was not medically necessary.

Synapryn 10mg/1ml oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide.

Decision rationale: Synapryn, per the National Library of Medicine (NLM), is an amalgam of tramadol and glucosamine. While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 does acknowledge that a short course of opioids such as tramadol is deemed "optional" as part of initial approaches to treatment, this recommendation, however, is qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "cost" and "efficacy of medication" into his choice of recommendations. Here, the fact that the applicant remained off work, on total temporary disability, despite usage of Synapryn on two office visits of September 22, 2014 and October 20, 2014, referenced above, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Synapryn. It is further noted that the attending provider did not clearly outline why what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals (i.e., pills) could not be

employed in favor of the custom-compounded oral suspension Synapryn agent at issue. Therefore, the request was not medically necessary.

Tabradol 1mg/ml oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Tabradol Medication Guide.

Decision rationale: Tabradol, per the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, however, muscle relaxants such as cyclobenzaprine are "not recommended." While this recommendation is qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that muscle relaxants do have some role as antispasmodics, ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Here, it was not clearly established why the applicant needed to use a custom-compounded Tabradol-containing oral suspension in favor of conventional muscle relaxant pills. Therefore, the request was not medically necessary.

Depizine 15mg/ml oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Deprizine Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Deprizine (ranitidine) usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Deprizine, per the National Library of Medicine (NLM), is a ranitidine-containing oral suspension. Here, the attending provider did not clearly outline or state why what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals (i.e., pills) could not be employed in favor of the custom-compounded Deprizine suspension at issue. Therefore, the request was not medically necessary.

Dicopanol 5mg/ml oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Dicopanol Medication Guide.

Decision rationale: The MTUS does not address the topic. While the National Library of Medicine does acknowledge that Dicopanol (diphenhydramine) is indicated in the treatment of allergic reactions, motion sickness, and/or parkinsonism, in this case, however, there is no mention of issues with motion sickness, allergic reactions, and/or parkinsonism on the progress note of September 22, 2014 on which the article question was dispensed. Therefore, the request was not medically necessary.

Fanatrex 25mg/ml oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation MTUS 9792.20(f) and National Library of Medicine (NLM), Fanatrex Medication Guide.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable to this acute-to-subacute issue. While the MTUS-adopted ACOEM Guidelines did not specifically address the topic of Fanatrex (gabapentin) usage, ACOEM Chapter 3, page 47 nevertheless takes the position that an attending provider should incorporate some discussion of the efficacy of the medication for the particular condition and any other relevant information with the applicant to ensure proper use and to manage expectations. Here, the attending provider did not clearly state for what purpose Fanatrex was being employed. It was not clearly stated for what diagnosis, diagnoses, and/or pain mechanism Fanatrex was being employed. While the National Library of Medicine (NLM) notes that gabapentin (Fanatrex) can be employed to treat restless legs syndrome, seizures, and/or neuropathic pain, in this case, again, the attending provider did not clearly outline for what purpose Fanatrex was employed. ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, the attending provider's progress notes on September 22, 2014 and October 20, 2014, referenced above, contained no references to medication efficacy. The fact that the applicant remained off work, on total temporary disability, despite ongoing usage of Fanatrex, moreover, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request was not medically necessary.