

Case Number:	CM14-0205019		
Date Assigned:	12/17/2014	Date of Injury:	07/16/2013
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 and Rehabilitation, 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 59 year old female with date of injury 07/16/13. The treating physician report dated 10/21/14 indicates that the patient presents with pain affecting her left knee and hip. (18) The physical examination findings of the left knee reveal 1+ effusion, tenderness to palpation over the medial and lateral joint line, and positive Varus Stress and McMurray's tests. Range of motion tests on the left knee reveal flexion- 130 degrees and extension- -5 degrees. The patient rates her pain as 7/10. Prior treatment history includes physical therapy, chiropractic, knee brace, and medication. MRI findings reveal patellar tendonitis. The current diagnosis is: 1. R/o left knee internal derangement The utilization review report dated 11/20/14 denied the request for Tabradol 1mg/ml oral suspension 250ml, Deprizine 15mg/ml oral suspension 250ml, Dicopanol 5mg/ml oral suspension 150ml #1, Ketoprofen 20% cream 165grams #1, Cyclobenzaprine 5% cream 100grams, and Synapryn 10mg/1ml oral suspension 500ml based on guidelines not being met or supporting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1 mg/ml oral suspension 250 ml: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: The patient presents with affecting her left knee. The current request is for Tabradol 1mg/ml oral suspension 250ml. Tabradol is a muscle relaxant that has cyclobenzaprine in the formulation. The treating physician states, "The patient complains of burning bilateral hip pain and muscle spasms." (18) The MTUS guidelines state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." In this case, the treating physician has documented that the patient is having muscle spasms and prescribed the patient to take 1 teaspoon (5 ml) 2-3 times daily (25). This is the first request for the patient to take this medication. The request is medically necessary.

Deprizine 15 mg/ml oral suspension 250 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID,.

Decision rationale: The patient presents with affecting her left knee. The current request is for Deprizine 15 mg/ml oral suspension 250 ml. The treating physician states, "Take 2 tsp. once daily for GI pain and as prophylaxis against the development of gastric ulcer." The MTUS guidelines recommend proton pump inhibitors (PPI) for the treatment of dyspepsia secondary to NSAID therapy. In this case, the treating physician has documented that the patient is taking NSAIDs to help manage pain but did not document that the patient is having any GI issues that would require a PPI. The request is not medically necessary.

Dicopanol 5 mg/ml oral suspension 150 ml #1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com

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

Decision rationale: The patient presents with affecting her left knee. The current request is for Dicopanol 5 mg/ml oral suspension 150 ml #1. The treating physician states, "Take 1ml at bedtime, may increase as tolerated to z max of 5ml for insomnia." MTUS do not specifically address this request so ODG guidelines were used. The ODG guidelines state, "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days." In this case, the treating physician stated, "The patient states that as a result of the industrial injury, she suffers from not obtaining a restful

sleep." In this case it appears the patient is starting this medication and there is no documentation at this time of long term use. (69) The request is medically necessary.

Cyclobenzaprine 5% cream 100 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The patient presents with affecting her left knee. The current request is for Cyclobenzaprine 5% cream 100 grams. The treating physician states that the patient has been having muscle spasms. In this case, the treating physician states, "apply a thin layer to affected area(s) 3 times a day for muscle spasms." (25) The MTUS guidelines do not support muscle relaxants in topical formulation. The request is not medically necessary.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 74-96 and 113.

Decision rationale: The patient presents with affecting her left knee. The current request is for Synapryn 10 mg/1 ml oral suspension 500 ml. Synapryn is an oral suspension that contains tramadol and glucosamine as well as other proprietary ingredients. The medical records provided for review show that the patient has been prescribed Tramadol since at least 6/2/14. (210) The treating physician states, "Take 1 tsp. 3 times a day, unresponsive to first line treatment." 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 treating physician has documented that the patient's pain is 7/10, pain effect ADLs (such as combing her hair) (68), has not had any side effects or allergic reactions to medication, but did not document any screening for aberrant behavior or functional relief with medication. MTUS requires all 4 As to be documented for ongoing opiate usage. The request is not medically necessary.