MAXIMUS Federal Services

Case Number:	CM14-0205136		
Date Assigned:	12/17/2014	Date of Injury:	09/06/2011
Decision Date:	02/11/2015	UR Denial Date:	11/10/2014
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 Rehab, has a subspecialty in Neuromuscular 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 patient is a 42 year old male with a work injury dated 9/6/11 to his low back as a result of cumulative trauma. The diagnoses include lumbar herniated nucleus pulposus and lumbar radiculopathy. Under consideration are requests for Ketoprofen 20% cream 165 grams; Cyclobenzaprine 5% cream, 100 grams; Synapryn 10 mg/1 ml oral suspension 500 ml; Tabradol 1 mg/ml oral suspension 250 ml; Deprizine 15mg/ml oral suspension 250 ml; Dicopanol (Diphenhydramine) 5 mg/ml oral suspension 150 ml; Fanatrex (Gabapentin) 25mg/ml oral suspension 420 mlThere is an orthopedic PR-2 progress report dated 9/26/14 that states that the patient complains of burning low back pain. The patient rates the pain as 5-6/10, on a pain analog scale. The pain is described as constant, moderate to severe. The pain is associated with numbness and tingling of the bilateral lower extremities. The pain is aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping and aggravated by activities of daily living such as getting dressed and performing personal hygiene. The patient denies any bowel or bladder problems. The patient- states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications. The pain is also alleviated by activity restrictions. On examination, the patient is a well-developed, well-nourished male who appears his stated age. The patient is awake, alert, oriented and appears to be in no acute distress. The patient is able to heel-toe walk; however with pain when toe walking. The patient is able to squat to approximately 40% of normal due to the pain in the low back. Toe touch causes low back pain with the fingers at about 5 inches from the ground. Palpable tenderness is noted at the lumbar paraspinal muscles and over the lumbosacral junction. There is decreased lumbar range of motion. There is a positive bilateral straight leg raise. Slightly decreased sensation to pin-prick and light touch at the L4, L5 and S1,

dermatomes bilaterally. Motor strength is 4/5 in all the represented muscle groups in the bilateral lower extremities. Deep tendon reflexes are 2+ and symmetrical in the bilateral lower Extremities. Vascular pulses are 2+ and symmetrical in the bilateral lower extremities. The treatment plan includes the medications under consideration as well as PT and chiropractic physical therapy for the low back; a request for a pain management specialist, and Terocin patches. Per Progress Report (PR-2) dated 08/28/14, the patient complained of burninglow back pain. The patient rated the pain as 5/10. The pain was described as constant, moderate to severe, and was associated with numbness and tingling of the bilateral lower extremities. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping. The pain was also aggravated by activities of daily living such as getting dressed and performing personal hygiene.A 6/26/14 progress note states that the patient was prescribed Deprizine; Dicopanol; Fanatrex; Synapryn; Tabradol; Cyclobenzaprine; Ketoprofen Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 165 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: Ketoprofen 20% cream 165 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. The documentation does not indicate extenuating circumstances to go against guidelines recommendations and the extremely high incidence of photocontact dermatitis. The request for Ketoprofen is not medically necessary.

Cyclobenzaprine 5% cream, 100 grams: Upheld

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

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

Decision rationale: Cyclobenzaprine 5% cream, 100 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The documentation does not indicate extenuating factors to go against guideline recommendations therefore the request for Cyclobenzaprine 5% cream, 100greams 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 Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: Synapryn 10mg/ml oral suspension 500ml is not medically necessary per MTUS guidelines. Synapryn contains tramadol and glucosamine, as well as other proprietary ingredients. Synapryn was prescribed for pain. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan as recommended by the MTUS. This would include appropriate medication use, and side effects. The MTUS states that the pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that Synapryn has improved patient's pain or functioning to a significant degree therefore Synapryn is not medically necessary. MTUS guidelines state to discontinue opioids if there is no overall improvement in function or pain. It is unclear why the patient requires an oral suspension form of this medication. From the documentation reviewed Synapryn is not medically necessary.

Tabradol 1 mg/ml oral suspension 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80,93-94,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine. Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Chronic pain- CRPS, medications.

Decision rationale: Tabradol 1mg/ml oral suspension, 250ml is not medically necessary per MTUS guidelines. Tabradol contains cyclobenzaprine, methylsulfonylmethane and other proprietary ingredient. The MTUS states that Cyclobenzaprine treatment should be brief with short course of therapy. Additionally the MTUS states that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The ODG states that methylsulonylmethane in cream form can be used for regional inflammatory reactions and should be considered investigational and used only after other therapies have failed. Documentation states that patient has been on this medication without significant functional improvement. The documentation is not clear on why the patient requires oral suspension form of medications. Tabradol is not medically necessary.

Deprizine 15mg/ml oral suspension 250 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: Deprizine 15mg/ml oral suspension, 250ml is not medically necessary per the MTUS guidelines. Deprizine contains ranitidine and other proprietary ingredients. Ranitidine is an H2 blocker. Ca MTUS does not specifically address Deprizine, however the California MTUS guidelines recommend the use of proton pump inhibitors for patients taking NSAIDs who are at risk for gastrointestinal events such as patients who are over the age of 65, have a history of a peptic ulcer, GI bleeding, or perforation; concomitant use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. There is no documentation stating the patient meets the above MTUS criteria for a proton pump inhibitor. There is no indication why the patient cannot take an oral pill or capsule. The request for Deprizine 15mg/ml oral suspension 150ml is not medically necessary or appropriate.

Dicopanol (Diphenhydramine) 5 mg/ml oral suspension 150 ml: 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 Official Disability Guidelines (ODG) Pain (Chronic , Insomnia treatment

Decision rationale: Dicopanol (Diphenhydramine) 5 mg/ml oral suspension 150 ml is not medically necessary per the ODG. The MTUS does not specifically mention treatment for insomnia. The ODG states that Dicopanol was prescribed for insomnia and contains Diphenhydramine. The ODG states that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. There is no documentation of a discussion of sleep hygiene with the patient. It is unclear why the patient needs an oral suspension form of this medication. The long term use of dicopanol is not medically necessary or appropriate.

Fanatrex (Gabapentin) 25mg/ml oral suspension 420 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.Functional Restoration Approach to Chronic Pain Management. Page(s): 7-8, 49.

Decision rationale: Fanatrex (Gabapentin) 25 mg/ml oral suspension, 420ml is not medically necessary per the MTUS guidelines. The MTUS does not specifically address Fanatrex but does discuss Gabapentin. Fanatrex contains gabapentin and other proprietary ingredients. There is no significant increase in function or improvement in pain from prior Fanatrex use to justify the

continued use of this medication. Additionally documentation submitted does not indicate why patient cannot take the oral form of this medication. The MTUS states that demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment. Without functional improvement continuing Fanatrex 25mg/ml oral suspension would be medically inappropriate. The request for Fanatrex is not medically necessary.