

Case Number:	CM15-0105960		
Date Assigned:	07/27/2015	Date of Injury:	06/06/2014
Decision Date:	09/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, California
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 21 year old male, who sustained an industrial injury on 06/06/2014. He has reported subsequent rib pain and was diagnosed with chest contusion. Treatment to date has included medication and rest. In a progress note dated 03/25/2015, the injured worker complained of 5-6/10 rib pain. Objective findings were notable for palpable tenderness over the anterior rib cage. The physician noted that Dicopanol was prescribed due to reports of an irregular sleeping pattern and difficulty falling asleep, Deprizine was being prescribed due to a history of the injured worker taking multiple medications for pain including chronic non-steroidal anti-inflammatory medications and that Ketoprofen and Cyclobenzaprine cream were being prescribed for inflammation. A request for authorization of Deprizine 15 mg/ml quantity of 250 ml, Dicopanol 5 mg/ml quantity of 150 ml, Ketoprofen 20% cream 167 gm and Cyclobenzaprine 5% cream quantity of 110 gms was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15 mg/ml Qty 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Deprizine is the oral solution equivalent of ranitidine. According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Ranitidine is not medically necessary based on the MTUS.

Dicopanol 5mg/ml Qty 150 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Diphenhydramine (Benadryl).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/dicopanol.html>.

Decision rationale: According to the treating provider's documentation, Dicopanol is a combination of antihistamine and other proprietary ingredients. Unknown components of a medication cannot be evaluated to determine their safety or medical necessity. As such, the request for Dicopanol is not medically necessary.

Ketoprofen 20% cream 167 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." As per MTUS, Ketoprofen "is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Ketoprofen is not currently approved by the FDA for topical use and there is no documentation of a failure of first line therapy. Therefore, the request for authorization of Ketoprofen cream is not medically necessary.

Cyclobenzaprine 5% cream Qty 110 gms: Upheld

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

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

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Cyclobenzaprine is not FDA approved for use as a topical application. There is no evidence for the use of any muscle relaxant as a topical agent. There is also no evidence of a failure of first line therapeutic agents. Therefore, the request for authorization of Cyclobenzaprine cream is not medically necessary.