

Case Number:	CM15-0011932		
Date Assigned:	02/13/2015	Date of Injury:	10/17/2012
Decision Date:	04/02/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained an industrial injury on 10/17/12 involving injury to her face including her mouth, lips, front teeth and right leg. Currently she complains of pain in the mouth, front teeth, upper lip and face in general. In addition there is a right knee pain and muscle spasm and intermittent right ankle pain and spasm. The pain is constant and rated at 6-7/10. Medications are Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and ketoprofen cream. Diagnoses are face contusion; lip laceration; right knee sprain/ strain, contusion; right ankle sprain/ strain, contusion; right ankle pain. Diagnostics include MRI right ankle; MTI left TMJ. Progress note dated 12/1/14 requested 1 prescription of topical compound Ketoprofen 20% Cream 165 Grams; 1 prescription of topical compound cyclobenzaprine 5% cream 100 grams; Synapryn 500 milliliters (ml); Tabradol 250 milliliters; Deprizine 250 ml.; Dicopanol 150 ml; Fanatrex 420 ml; unknown prescription for Terocin Patch; MRI of the right knee; MRI of the right ankle; electromyography/ nerve conduction velocity to bilateral lower extremities; 18 sessions of acupuncture; 3 sessions of shockwave therapy to the right knee and ankle; 1 platelet rich plasma (PRP) injection to the right knee based on the continued discomfort. On 12/23/14 Utilization Review non-certified the requests for 1 prescription of topical compound Ketoprofen 20% Cream 165 Grams; 1 prescription of topical compound cyclobenzaprine 5% cream 100 grams; Synapryn 500 milliliters (ml); Tabradol 250 milliliters; Deprizine 250 ml.; Dicopanol 150 ml; Fanatrex 420 ml; unknown prescription for Terocin Patch; MRI of the right knee; MRI of the right ankle; electromyography/ nerve conduction velocity to bilateral lower extremities; 18 sessions of acupuncture; 3 sessions of

shockwave therapy to the right knee and ankle; 1 platelet rich plasma (PRP) injection to the right knee citing MTUS: Chronic Pain Medical treatment Guidelines: Topical; no guidelines to support Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex; MTUS: Acupuncture Guidelines; for Terocin Patch; ACOEM (MRI) and Electromyography/ nerve conduction velocity; shockwave therapy respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound Ketoprofen 20% cream 165 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-112 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photocontact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac which could be considered as a treatment option. Therefore, the requested Ketoprofen 20% cream was not medically necessary.

Topical compound Cyclobenzaprine 5% cream 100 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60,111-113.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.

Synapryn 500ml: 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 Synapryn Instructions Insert.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Synapryn is cyclobenzaprine with glucosamine in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Synapryn is not medically necessary.

Tabradol 250ml: 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 Tabradol Instructions Insert.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Tabradol is cyclobenzaprine in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Tabradol is not medically necessary.

Deprizine 250ml: 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 Deprizine Instructions Insert.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Deprizine is ranitidine hydrochloride in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Deprizine is not medically necessary.

Dicopanol 150ml: 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 Dicopanol Instructions Insert.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Dicopanol is diphenhydramine hydrochloride in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Dicopanol is not medically necessary.

Fanatrex 420ml: 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 Fanatrex Instructions Insert.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Fanatrex is gabapentin in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Fanatrex is not medically necessary.

Unknown prescription of Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple

combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 & 347.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee (Acute & Chronic) MRI½s (magnetic resonance imaging).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Applicable indications for obtaining an MRI of the knee include significant acute trauma to the knee or when initial anteroposterior and lateral radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the knee and no recent plain film x-ray results are described. Therefore, an MRI of the knee is not medically necessary.

MRI of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) MRI½s (magnetic resonance imaging).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Applicable indications for obtaining an MRI of the ankle include significant acute trauma or when initial radiographs are non-diagnostic and further study is clinically indicated. In this case, there is no reported acute injury to the ankle and no recent plain film x-ray results are described. Therefore, an MRI of the ankle is not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. When seen by the requesting provider, she had decreased right lower extremity sensation and decreased lower extremity strength bilaterally. She was not having radicular symptoms and there were no reported neural tension signs. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the presence of radiculopathy is not supported based on the claimant's symptoms and the physical examinations performed. Therefore the requested bilateral lower extremity EMG was not medically necessary. Nerve conduction studies (NCS) for lumbar radiculopathy are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of lumbar radiculopathy. Therefore the requested bilateral lower extremity NCV was not medically necessary.

18 sessions of acupuncture to the right knee and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations and the frequency of treatment was not specified. The requested acupuncture treatments were not medically necessary.

3 sessions of shockwave therapy to the right knee and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Ankle & Foot (Acute & Chronic) Extracorporeal shock wave therapy (ESWT) (2) Knee & Leg (Acute & Chronic) Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. When seen by the requesting provider there was right knee and ankle tenderness with decreased range of motion. McMurray testing of the knee and ankle inversion and eversion tests were positive. Extracorporeal shock wave therapy (ESWT) for the knee remains under study for patellar tendinopathy and for long-bone hypertrophic nonunions. The claimant has neither of these conditions. Extracorporeal shock wave therapy for the ankle at low energy can be recommended

as an option for chronic plantar fasciitis, The claimant does not have this condition either. Therefore, this request is not medically necessary.

PRP injections to the right knee: 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 and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Platelet rich plasma(PRP).

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for a contusion to the face and chronic knee and ankle pain. When seen by the requesting provider there was right knee and ankle tenderness with decreased range of motion. McMurray testing of the knee and ankle inversion and eversion tests were positive. Platelet rich plasma (PRP) injections of the ankle are not recommended, with recent higher quality evidence showing this treatment to be no better than placebo. Injections of the knee remain under study. Therefore the requested injections are not medically necessary.