

Case Number:	CM15-0012126		
Date Assigned:	01/29/2015	Date of Injury:	05/12/2014
Decision Date:	04/20/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 26-year-old male sustained work-related injury to his head, neck, shoulders, low back, right wrist and right ankle on 5/12/2014. Progress notes dated 1/7/2015 state his diagnoses as cervical and lumbar spine sprain/strain rule-out (r/o) HNP (herniated disc), r/o cervical radiculopathy, right shoulder sprain/strain r/o internal derangement, r/o lumbar radiculopathy and right ankle non-displaced fracture of the malleolus. He reports pain in all the affected areas. Previous treatments include right foot brace, pain medications, muscle relaxants, acupuncture and physical therapy. The treating provider requests one (1) periodic UA toxicology evaluation; one (1) functional capacity evaluation; one (1) prescription for Ketoprofen 20% cream, 165 grams; one (1) prescription for Cyclobenzaprine 5% cream, 100 grams; three (3) shockwave therapy sessions for the right ankle; Synapryn 10 mg 10mg/1ml oral suspension, 500 ml; Tabradol 1mg/ml oral suspension, 500 ml; Deprizine 15mg/ml oral suspension, 250 ml; Dicopanol 5mg/ml oral suspension, 150 ml; Fanatrex 25 mg/ml oral suspension, 420 ml; Terocin patches, unknown quantity and one (1) follow up visit. The Utilization Review on 1/2/2015 certified one (1) follow up visit; the remainder of the requested services was non-certified. Sources cited were CA MTUS, ACOEM, Official Disability Guidelines (ODG) and the National Guideline Clearinghouse.

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.

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

Decision rationale: With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)." Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As none of the agents in this compound are recommended, the request is not medically necessary.

Cyclobenzaprine 5% cream 100grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113 of 127.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The chronic pain treatment guidelines further state that the use of topical muscle relaxers, including cyclobenzaprine, is not recommended. As such, this request is not considered medically necessary.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 93, 94 of 127.

Decision rationale: Synapryn is an oral suspension of tramadol and glucosamine. The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. Additionally, there is no documentation that the injured employee cannot take a pill form of tramadol. Furthermore, regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain

unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As such, the request for Synapryn is not considered medically necessary.

Tabradol 1mg/ml oral suspension 500 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41 of 127.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPI's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: Deprizine is a proton pump inhibitor used for the treatment of gastrointestinal events or for those with positive risk of G.I. risk factors. The attached medical record does not indicate that the injured employee has any of these issues nor are there any currently prescribed oral NSAIDs. For these reasons, this request for Deprizine is not medically necessary.

Dicopanol 5mg/ml oral suspension 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), antihistamines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress, diphenhydramine, updated March 25, 2015.

Decision rationale: Dicopanol is a suspension form of diphenhydramine. The official disability guidelines does not recommend the long-term usage of sedating antihistamines for insomnia treatment as there is concern for long-term effects on cognition. There is also no mention of other sleep aids used. As such, this request for Dicopanol is not medically necessary.

Fanatrex 25 mg/ml oral suspension 420ml: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 18 of 127.

Decision rationale: Fanatrex is an oral suspension form of gabapentin. Gabapentin is a first-line agent for the treatment of neuropathic pain. While the injured employee has neuropathic symptoms, there is no documentation that an oral tablet of gabapentin cannot be tolerated. As such, this request for Fanatrex is not medically necessary.

1 Periodic UA toxicology evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urinary toxicology evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 78 of 127.

Decision rationale: The California MTUS guidelines support urine drug screening as an option to assess for the use or the presence of illegal drugs; or in patients with previous issues of abuse, addiction, or poor pain control. Given the lack of documentation of high-risk behavior, previous abuse or misuse of medications, the request is not considered medically necessary.

Terocin patches unknown quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Terocin patches are a topical compound containing Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. Capsaicin may have an indication for chronic low back pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." Methyl salicylate may have an indication for chronic pain in this context. Per MTUS p105, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain." (Mason-BMJ, 2004) However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since menthol is not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. For these multiple reasons, this request for Terocin patches is not medically necessary.

1 Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) fitness for duty, functional capacity evaluation, updated September 23, 2014.

Decision rationale: A functional capacity evaluation is only indicated for individuals who have made unsuccessful prior to return to work attempts or have determined to be at or near maximum medical improvement. The attached medical record does not indicate that the injured employee meets either of these criteria. As such, this request for a functional capacity evaluation at this time is not medically necessary.

3 Shockwave therapy sessions for right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot, extracorporeal shockwave therapy, updated March 26, 2015.

Decision rationale: According to the official disability guidelines, extracorporeal shockwave therapy is only indicated for certain conditions of the shoulder and feet and only then is low energy ESWT considered an option. This procedure for tendinitis of the ankle is not supported in medical literature. Considering this, the request for extracorporeal shockwave therapy for the right ankle is not medically necessary.