

Case Number:	CM15-0012645		
Date Assigned:	01/30/2015	Date of Injury:	02/26/2013
Decision Date:	05/06/2015	UR Denial Date:	12/24/2014
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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 female, who sustained an industrial injury on 02/26/2013. On physician's progress report dated 12/12/2014, the injured worker has reported headaches, neck pain, upper mid back pain and stiffness, low back pain, right knee pain, and anxiety. On examination, she was noted to have cervical spine, thoracic spine and lumbar spine paravertebral muscle tenderness, she was also noted to have right knee tenderness to palpation. Her diagnoses have included headache, cervical disc protrusion, cervical sprain/strain, thoracic sprain/strain, lumbar disc protrusion, lumbar radiculitis, lumbar sprain/strain, right knee internal derangement, right knee meniscus tear, right knee sprain/strain, anxiety and psych component. On 12/24/2014 Utilization Review non-certified oral suspension medication: Synapryn 10mg/1ml 500ml, Tabradol 1mg/ml 250mg, Deprizine 15mg/ml 250 ml, Dicopanol 5mg/ml 150ml, and Fanatrex 25mg/ml 420ml. The CA MTUS, ACOEM, and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/1ml 500ml: Upheld

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

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

Decision rationale: There was no documentation of objective functional benefit with prior use of these medications. Tramadol is not currently FDA approved for a topical application. This request is not medically necessary and appropriate.

Tabradol 1mg/ml 250mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: Cyclobenzaprine is recommended as an option, utilizing a short course of therapy. There was no documentation of objective functional benefit with prior use of these medications. Request is not medically necessary and appropriate.

Deprizine 15mg/ml 250ml: Upheld

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

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

Decision rationale: The indication for proton pump inhibitor use is intermediate or high risk of GI side effects. The risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and or high dose/multiple NSAID. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary or appropriate at this time.

Dicopanol 5mg/ml 150ml: Upheld

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

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

Decision rationale: Sedating antihistamines have been suggested for sleep aids, tolerance seems to develop within a few days. Prolonged use is not recommended. There was no documentation of objective functional benefit with prior use of these medications. The request is not medically necessary and appropriate.

Fanatrex 25mg/ml 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18-19.

Decision rationale: Gabapentin is recommended on a trial basis with lumbar spinal stenosis to assess if there is improved sensation, decreased pain with movement and increased walking distance. There was no documentation of objective functional benefit with prior use of these medications. The request is not medically necessary and appropriate.

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 Topical Analgesics Page(s): 112.

Decision rationale: There was no documentation of objective functional benefit with prior use of these medications. This agent is not currently FDA approved for a topical application. This request is not medically appropriate and necessary.

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 Topical Analgesics Page(s): 113.

Decision rationale: There was no documentation of objective functional benefit with prior use of these medications. This agent is not currently FDA approved for a topical application. This request is not medically necessary.