

Case Number:	CM15-0019778		
Date Assigned:	02/12/2015	Date of Injury:	03/03/2014
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 46 year old female who sustained an industrial injury on 3/3/14 involving her bilateral shoulders, arms, hands and wrists due to repetitive activity. She currently complains of burning bilateral shoulder pain radiating down the arms to fingers with muscle spasms. Her pain intensity is 6/10. In addition she has burning bilateral wrist pain with muscle spasms with pain intensity of 7/10. Symptoms are persistent but medications offer temporary relief of pain and improve her ability to have a restful sleep. Medications include deprizine, dicopanol, fanatrex, synapryn, tabradol, cyclobenzaprine, ketoprofen cream. Diagnoses include possible cervical spine radiculitis; cervical spine discopathy; right shoulder impingement; possible right and left carpal tunnel syndrome; de Quervain's on the right; pronator tears syndrome on the right. Treatments to date include physical therapy, acupuncture and medications. Diagnostics include MRI of the right shoulder revealed tendonitis; MRI of the cervical spine revealed multiple disc herniations. There was no recent progress note indicating Utilization Review requests. On 1/27/15 Utilization Review non-certified the requests for ketoprofen 20% cream 167 Grams; cyclobenzaprine 110 Grams; Synapryn 10 mg/ milliliter oral suspension 500 milliliters citing MTUS: Chronic Pain Medical treatment Guidelines: Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." As such, the request for Ketoprofen 20% cream 167 grams is not medically necessary.

Cyclobenzaprine 110 gms: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) compound creams, pain.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Cyclobenzaprine 110 gms is not medically necessary.

Synapryn 10mg/ml oral suspension 500 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 93-94.

Decision rationale: Synapryn is the liquid version of tramadol that also contains glucosamine and tramadol. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Synapryn prior to the initiation of this medication. The treating physician has not provided documentation of a trial and failure of first line therapy. As such, the request for Synapryn 10mg/ml oral suspension 500 ml is not medically necessary.