

Case Number:	CM15-0133550		
Date Assigned:	07/21/2015	Date of Injury:	09/20/2014
Decision Date:	09/23/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, Florida

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:

The injured worker is a 39 year old female who sustained an industrial injury on 9-20-14. Diagnoses are headaches, cervical spine sprain-strain-rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, bilateral wrist sprain-strain-rule out derangement, thoracic spine pain, thoracic spine sprain-strain-rule out herniated nucleus pulposus, gastroesophageal reflux disease, low back pain, lumbar spine sprain-strain-rule out herniated nucleus pulposus, rule out radiculitis-lower extremity, bilateral knee sprain-strain-rule out derangement, bilateral ankle sprain-strain-rule out derangement, anxiety disorder, mood disorder, sleep disorder, and stress. In a progress report dated 5-1-15, the treating physician notes she complains of headaches rated at 6 out of 10, neck pain and muscle spasms rated at 7 out of 10, and wrist, back, bilateral knee and ankle pain. On exam, cervical range of motion is decreased. Bilateral wrist range of motion is decreased. Tinel's and Phalens' are positive bilaterally. Thoracic spine exam notes a positive Kemp's test. There is pain with heel toe walking. There is bilateral paraspinal muscle guarding. Straight leg raise is positive left and right. Range of motion of knees are decreased bilaterally and Apley's compression and McMurray's test is positive on left and right. There is tenderness to palpation of bilateral ankles. Anterior and Posterior Drawer is positive on the left. Work status is to remain off work through 6-3-15. A treatment plan notes therapies 3 times a week for 6 weeks: cervical spine, bilateral wrists, thoracic spine, bilateral knees and bilateral ankles; physical therapy, chiropractic, acupuncture, continue shockwave therapy, a sleep study was done, requesting the report, localized intense neurostimulation therapy to lumbar spine, electromyography and nerve conduction velocity study of bilateral upper and lower extremities,

referral to the neurologist and platelet rich plasma treatment, periodic urine toxicology will be performed, MRI of the thoracic spine and right and left ankle, Terocin patches and to continue medications. The requested treatment is Ketaprofen 20% cream, 165 grams, Cyclobenzaprine 5% cream, 100 grams, Synapryn 10mg/1ml, 500 ml, Tabradol 1 mg/ml, Deprizine 15mg/ml, 250ml, Dicopanol 5 mg/ml, 150ml, and Fanatrex 25 mg/ml, 420 ml.

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 Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The use of topical ketoprofen is associated with the development of photodermatitis. There is lack of guidelines support for the use of topical preparation of ketoprofen. The criteria for the use of ketoprofen 20% cream 165grams was not met. Therefore, the request is not medically necessary.

Cyclobenzaprine 5% cream, 100 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when first line anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. There is lack of guidelines support for the use of topical preparation of cyclobenzaprine. The criteria for the use of cyclobenzaprine 5% cream 100 grams was not met. Therefore, the request is not medically necessary.

Synapryn 10 mg/1 ml, 500 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that tramadol can be utilized for the treatment of exacerbation of musculoskeletal pain. There is no guidelines support for the utilization of non standard formulations of tramadol without documentation of failed treatment with standard formulations. The Synapryn contain tramadol formulated with other ingredients including glucosamine. There is no documentation that plain formulation of tramadol was ineffective. There is no documentation of nutritional deficiency that required supplementation with glucosamine. The criteria for the use of Synapryn 10mg/ml 500ml was not met. Therefore, the request is not medically necessary.

Tabradol 1 mg/ml, 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of musculoskeletal pain. There is no guidelines support for the utilization of non standard formulations of cyclobenzaprine without documentation of failed treatment with standard formulations. The Tabradol contain cyclobenzaprine formulated with other ingredients. There is no documentation that plain formulation of cyclobenzaprine was ineffective. The chronic use of cyclobenzaprine can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The duration of utilization cyclobenzaprine had exceeded the maximum period of 4 to 6 weeks. The criteria for the use of Tabradol 1mg/ml 250ml was not met. Therefore, the request is not medically necessary.

Deprizine 15 mg/ml, 250 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for prophylaxis and treatment of NSAID induced gastritis. The guidelines did not recommend that chronic use of ranitidine without documentation of the diagnosis of the condition that require chronic use of H2 antagonist. There is no guidelines support for the utilization of non standard formulations of ranitidine without documentation of failed treatment with standard formulations. The Deprizine contain ranitidine formulated with other ingredients. There is no documentation that plain formulation of ranitidine was ineffective. The criteria for the use of Deprizine 15mg/ml 250ml was not met. Therefore, the request is not medically necessary.

Dicopanol 5 mg/ml, 150 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-emetics can be utilized for short term treatment of nausea and vomiting associated with chemotherapy, migraine or in acute care setting. The nausea and vomiting associated with chronic opioid utilization is self limiting. There is no guidelines support for the chronic utilization of H1 antihistamines. The Dicopanol contain diphenhydramine formulated with other ingredients. There is no documentation that plain formulation of diphenhydramine was ineffective. The criteria for the use of Dicopanol 5mg/ml 150ml was not met. Therefore, the request is not medically necessary.

Fanatrex 25 mg/ml, 420 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anti-epileptics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anti-epileptics can be utilized for the treatment of neuropathic and chronic pain syndrome. There is no guidelines support for the utilization of non standard formulations of gabapentin without documentation of failed treatment with standard formulations. The Fanatrex contain gabapentin formulated with other ingredients. There is no documentation that plain formulation of gabapentin was ineffective. The criteria for the use of Fanatrex 25mg/ml 420ml was not met. Therefore, the request is not medically necessary.