

Case Number:	CM15-0140751		
Date Assigned:	07/30/2015	Date of Injury:	08/31/2011
Decision Date:	08/28/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 a 46 year old female, who sustained an industrial injury on 8/31/11. She reported left leg pain. The injured worker was diagnosed as having lumbar spine pain, lumbar disc displacement, and anterior cervical discectomy and fusion at C4-5 and C6-7 with discectomy at C4-5 on 6-3-14. Treatment to date has included aquatic therapy and medication. Currently, the injured worker complains of neck pain that radiated to the right arm, hand, thumb, and index fingers. Lower back pain was also noted. The treating physician requested authorization for retrospective Ketoprofen 20% cream 165g #1, Cyclobenzaprine 5% cream 100g #1, and Synapryn 10mg-1ml oral suspension 500ml #1 all for the date of service 5-29-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (RFA 5-29-15) Ketoprofen 20%cream 165grams #1: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends 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 Retro (RFA 5-29-15) Ketoprofen 20% cream 165grams #1 is not medically necessary.

Retro (RFA 5-29-15) Cyclobenzaprine 5% cream 100 grams #1: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends 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 anti-convulsants. 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 Retro (RFA 5-29-15) Cyclobenzaprine 5% cream 100 grams #1 is not medically necessary.

Retro (RFA 5-29-15) Synapryn 10mg/1 ml oral suspension 500 m1 #1: Upheld

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

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 her 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. While MTUS does state that Synapryn (Tramadol) may be used for neuropathic pain, it is "not recommended as a first-line therapy." The treating physician has not provided documentation of a trial and failure of first line therapy. As such, the request for Retro (RFA 5-29-15) Synapryn 10mg/1 ml oral suspension 500 m1 #1 is not medically necessary.