

Case Number:	CM15-0167150		
Date Assigned:	09/04/2015	Date of Injury:	03/08/2014
Decision Date:	10/27/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/25/2015

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: 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 19 year old female, who sustained an industrial injury on 3-8-14. She reported pain in her mid to lower back. The injured worker was diagnosed as having thoracic strain, lumbar strain, lumbago and lumbar radiculopathy. Treatment to date has included acupuncture, thoracic trigger point injections, a lumbar and thoracic MRI on 2-27-15 and extracorporeal shockwave therapy for the lumbar and thoracic spine. Current medications include Deprizine 15mg-ml oral suspension 250ml, Dicopanol 15mg-ml, Fanatrex 25mg-ml 420ml, Ketoprofen 20% cream 167 grams, Cyclobenzaprine 5% cream 100grams, Synapryn 10mg-ml 500ml and Tabradol 1mg-ml 250ml since at least 4-15-15. On 3-27-15 the injured worker rated her pain 6-7 out of 10. Subsequent progress notes do not indicate a change in pain level. There is no documentation to suggest that the injured worker cannot tolerate a tablet or capsule type medication. As of the PR2 dated 6-17-15, the injured worker reports dull, achy mid back pain and muscle spasms. She rates her pain a 5 out of 10. She also reported sharp, burning pain in her lower back, which is 5-6 out of 10 in pain. Objective findings include tenderness to palpation over the spinous process T3-T5, with muscle guarding, decreased thoracic and lumbar range of motion and a positive straight leg raise test bilaterally at 60 degrees. The treating physician requested Deprizine 15mg-ml oral suspension 250ml, Dicopanol 15mg-ml, Fanatrex 25mg-ml 420ml, Ketoprofen 20% cream 167 grams, Cyclobenzaprine 5% cream 100grams, Synapryn 10mg-ml 500ml and Tabradol 1mg-ml 250ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-depressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/deprizine.html>.

Decision rationale: MTUS does not address this request. Deprizine is a compounding kit for oral suspension of Ranitidine. Documentation fails to provide support that the injured worker is at risk of gastrointestinal events or has a condition that would require an oral suspension of this medication. Furthermore, established guidelines do not support the use of Deprizine. The request for Deprizine 15mg/ml oral suspension 250ml is not medically necessary.

Dicopanol 5mg/ml 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

Decision rationale: MTUS does not address this request. Dicopanol is a compounded version of Diphenhydramine. Documentation fails to indicate the medical necessity for the use of Diphenhydramine or objective evidence to support that the injured worker has a condition requiring a compounded form, when the medication is available in pill form. Established guidelines do not recommend Dicopanol. The request for Dicopanol 5mg/ml 150ml is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com>.

Decision rationale: MTUS does not address this request. Fanatrex is a compounding kit for oral suspension of Gabapentin. The injured worker complains of chronic back pain with no evidence of significant functional improvement of current medication regimen. Established guidelines show no evidence-based support for the use of oral suspension of Gabapentin and documentation fails to show that the injured worker has a condition that would require a compounded form when the medication is available in pill form. The request for Fanatrex 25mg/ml oral suspension 420ml is not medically necessary.

Ketoprofen 20% cream 167grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS states that topical NSAIDs are not recommended for neuropathic pain, but may be useful for short-term treatment (4-12 weeks) of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Topical NSAIDs have not been evaluated for treatment of the spine, hip or shoulder. There are no long-term studies of their effectiveness or safety. Per MTUS, Ketoprofen is not recommended and is not currently FDA approved for a topical application. The request for Ketoprofen 20% cream 167grams is therefore not medically necessary.

Cyclobenzaprine 5% cream 100grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend the use of muscle relaxants as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Cyclobenzaprine 5% cream 100 grams is not medically necessary.

Synapryn 10 mg/ml 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

Decision rationale: MTUS does not address this request. Synapryn is a compounding kit for oral suspension of Tramadol and Glucosamine. Established guidelines show no evidence-based support for the use of oral suspension or compounded form of these medications and documentation fails to show that the injured worker has a condition that would require an oral suspension of medications already available in pill form. The request for Synapryn 10 mg/ml 500ml is not medically necessary.

Tabradol 1mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Muscle Relaxants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com>.

Decision rationale: MTUS does not address this request. Tabradol is a compounding kit for oral suspension of Cyclobenzaprine and Methylsulfonylmethane. Established guidelines show no evidence-based support for the use of oral suspension or compounded form of these medications and documentation fails to show that the injured worker has a condition that would require an oral suspension of medications already available in pill form. The request for Tabradol 1mg/ml oral suspension 250ml is not medically necessary.