

Case Number:	CM15-0180928		
Date Assigned:	09/22/2015	Date of Injury:	01/01/2013
Decision Date:	11/13/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old male who sustained an industrial injury on 01-01-2013. Current diagnoses include headaches, dizziness, cervical spine sprain-strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, bilateral shoulder sprain-strain, rule out internal derangement, lumbar spine sprain-strain rule out herniated nucleus pulposus, anxiety, mood disorder, sleep disorder, and stress. Report dated 09-01-2015 noted that the injured worker presented with complaints that included headaches and dizziness, burning neck pain with associated numbness and tingling of the bilateral upper extremities, burning bilateral shoulder pain with radiation down the arms to the fingers, and burning low back pain with pain radiating to the hips with associated numbness and tingling of the bilateral lower extremities. Other complaints include stress, anxiety, insomnia, and depression. The injured worker stated that medications do help and offer temporary relief of pain and improve his ability to have restful sleep. Pain level was 5 (neck pain), 6 (bilateral shoulder), and 4 (low back) out of 10 on a visual analog scale (VAS). Physical examination performed on 09-01-2015 revealed tenderness in the cervical spine with decreased range of motion, tenderness of the bilateral shoulders and decreased range of motion, decreased sensation in the bilateral upper extremities, tenderness of the lumbar spine and decreased range of motion, and decreased sensation in the bilateral lower extremities. Previous diagnostic studies included a cervical spine, and lumbar spine MRI's. Previous treatments included medications, TENS unit, chiropractic treatments, and shock wave treatments. The treatment plan included explained medication usage, urine toxicology was performed, referred to a pain management specialist, the patient is to undergo a course of acupuncture and chiropractic treatment, continue taking medications for pain, and return in 4 weeks for re-evaluation. Work status was documented as temporary total disability. The injured worker has

been prescribed the requested treatments since at least 02-03-2015. The injured worker has been seen monthly since at least 02-03-2015. The utilization review dated 09-08-2015, non-certified the request for Ketoprofen cream 20% 167 grams, Cyclobenzaprine 5% 110 grams, Synapryn 10mg/ml oral suspension on 500ml, Tabradol 1mg/ml oral suspension on 250 ml, Deprizine 15mg/ml oral suspension on 250ml, Dicopanol 5mg/ml 150ml, and Fanatrex 25mg/ml oral suspension on 420 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen cream 20% 167 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Ketoprofen cream 20% 167 grams is not medically necessary.

Cyclobenzaprine 5% 110 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is no evidence for use of any other muscle relaxant as a topical product. Cyclobenzaprine 5% 110 grams is not medically necessary.

Synapryn 10mg/ml oral suspension on 500ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a

contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Synapryn 10mg/ml oral suspension on 500ml is not medically necessary.

Tabradol 1mg/ml oral suspension on 250 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Tabradol 1mg/ml oral suspension on 250 ml is not medically necessary.

Deprizine 15mg/ml oral suspension on 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Tabradol 1mg/ml oral suspension on 250 ml is not medically necessary.

Dicopanlol 5mg/ml 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Dicopanlol 5mg/ml 150ml is not medically necessary.

Fanatrex 25mg/ml oral suspension on 420 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Fanatrex 25mg/ml oral suspension on 420 ml is not medically necessary.