

Case Number:	CM15-0185328		
Date Assigned:	09/25/2015	Date of Injury:	01/16/2015
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This is a 57 year old male with a date of injury on 1-16-15. A review of medical records indicates that the injured worker is undergoing treatment for right shoulder and right knee pain. Evaluation on 6-29-15 reported complaints of right shoulder, right knee and right ankle pain. The right shoulder pain is described as constant, moderate to severe, burning that radiates down the arm to the fingers associated with muscle spasm, rated 6-7 out of 10. The right knee pain is described as constant moderate to severe, burning that radiates down the leg to the foot along with muscle spasm. The knee pain is rated 7-8 out of 10. The right ankle pain is constant, moderate to severe, burning with muscle spasms rated 6-7 out of 10. Physical exam reveals tenderness to palpation and decreased range of motion to right shoulder, right knee and right ankle. Treatments include medication, physical therapy, one knee injection and shock-wave treatment. A request for authorization dated 8-10-15 was made for ketoprofen 20% cream, 167 grams quantity 1, cyclobenzaprine 5% cream, 110 grams quantity 1, toradol 1 mg per ml oral suspension 250 ml quantity 1, deprizine 15 mg per ml oral suspension 250 ml quantity 1 and dicopanol (diphenhydramine) 5 mg per ml oral suspension 150 mg quantity 1. Utilization review dated 9-4-15 non-certified the request.

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 Qty: 1.00: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Ketoprofen 20# cream, 167 grams Qty: 1.00 is not medically necessary.

Cyclobenzaprine 5% cream, 100 grams Qty: 1.00: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine 5% cream, 100 grams Qty: 1.00 is not medically necessary.

Tabradol 1mg/ml oral suspension 250ml Qty: 1.00: 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 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 250ml Qty: 1.00 is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml Qty: 1.00: 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 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. Deprizine 15mg/ml oral suspension 250ml Qty: 1.00 is not medically necessary.

Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml Qty: 1.00: 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. Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml Qty: 1.00 is not medically necessary.