

Case Number:	CM15-0190394		
Date Assigned:	10/02/2015	Date of Injury:	05/14/2015
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/28/2015

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 49 year old male, who sustained an industrial-work injury on 5-14-15. A review of the medical records indicates that the injured worker is undergoing treatment for insomnia, chronic pain, neuropathic pain, and muscle spasm. Medical records dated 9-14-15 indicate that the injured worker complains of irregular sleep patterns, rarely getting a continuous night sleep, and difficulty falling asleep. He also complained of chronic neuropathic pain and muscle spasms. The medical record dated 7-13-15 indicates the injured worker complains of burning radicular neck pain, bilateral wrist and hand pain, mid back pain and low back pain rated 9 out of 10 on the pain scale. There is associated numbness and tingling in the bilateral lower extremities (BLE). The pain is aggravated by increased activity and relieved with rest and activity restriction. Per the treating physician report dated 7-17-15 the injured worker has not returned to work. The physical exam dated 7-13-15 reveals cervical tenderness, decreased cervical range of motion, tenderness to palpation of the bilateral wrists with decreased range of motion, and diminished sensation in the C5, C6, C7, C8 and T1 dermatomes of the upper extremities. There is tenderness of the thoracic and lumbar spine with decreased range of motion. There is decreased sensation in the L4, L5 and S1 dermatomes bilaterally. Treatment to date has included pain medication, including Ketoprofen, Cyclobenzaprine, Synapryn, Tabradol, Deprizine, Diclofenac and Fenatrex since at least 7-13-15, activity modifications, diagnostics, and other modalities. The requested services included Retrospective Ketoprofen 20% 167 gms (DOS 09-14-15), Retrospective Cyclobenzaprine 5% cream 110 gms (DOS 09-14-15), Retrospective Synapryn 10 mg-ml 500 ml (DOS 09-14-15), Retrospective Tabradol 1 mg-ml 250 ml (DOS 09-

14-15), Retrospective Deprizine 5mg-ml 250 ml (DOS 09-14-15), Retrospective Diclofenac 5mg-ml 150 ml (DOS 09-14-15) and Retrospective Fenatrex 25 mg-ml 420 ml (DOS 09-14-15). The original Utilization review dated 9-24-15 non-certified the request for Retrospective Ketoprofen 20% 167 gms (DOS 09-14-15), Retrospective Cyclobenzaprine 5% cream 110 gms (DOS 09-14-15), Retrospective Synapryn 10 mg-ml 500 ml (DOS 09-14-15), Retrospective Tabradol 1 mg-ml 250 ml (DOS 09-14-15), Retrospective Deprizine 5mg-ml 250 ml (DOS 09-14-15), Retrospective Diclofenac 5mg-ml 150 ml (DOS 09-14-15) and Retrospective Fenatrex 25 mg-ml 420 ml (DOS 09-14-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketoprofen 20% 167 gms (DOS 09/14/15): 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 photocontact dermatitis. Retrospective Ketoprofen 20% 167 gms (DOS 09/14/15) is not medically necessary.

Retrospective Cyclobenzaprine 5% cream 110 gms (DOS 09/14/15): 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. Retrospective Cyclobenzaprine 5% cream 110 gms (DOS 09/14/15) is not medically necessary.

Retrospective Synapryn 10 mg/ml 500 ml (DOS 09/14/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp 2012 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 10/14/12).

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. Retrospective Synapryn 10 mg/ml 500 ml (DOS 09/14/15) is not medically necessary.

Retrospective Tabradol 1 mg/ml 250 ml (DOS 09/14/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Treatment in Workers' Comp 2012 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 10/14/12).

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Retrospective Deprizine 5mg/ml 250 ml (DOS 09/14/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Treatment in Workers' Comp 2012 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 10/14/12).

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Retrospective Diclofenac 5mg/ml 150 ml (DOS 09/14/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Treatment in Workers' Comp 2012 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 10/14/12).

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Retrospective Fenatrex 25 mg/ml 420 ml (DOS 09/14/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Treatment in Workers' Comp 2012 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 10/14/12).

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