

Case Number:	CM15-0194098		
Date Assigned:	10/07/2015	Date of Injury:	09/24/2012
Decision Date:	12/11/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on 9-24-2012. Medical records indicate the worker is undergoing treatment for cervical herniated nucleus pulposus, cervical spine radiculopathy, right shoulder rotator cuff tear, right wrist tenosynovitis, bilateral knee sprain/strain, right knee meniscal tear and mood disorder. A recent progress report dated 8-11-2015, reported the injured worker complained of burning radicular neck pain rated 4-5 out of 10, burning right shoulder pain rated 5 out of 10, burning right wrist pain rated 4 out of 10, bilateral knee pain rated 4 out of 10, stress, anxiety and insomnia. Physical examination revealed cervical tenderness, right trapezius and levator scapula muscle tenderness, carpal bone tenderness to palpation and bilateral knee tenderness to palpation over the medial and lateral joints. Treatment to date has included physical therapy and medication management. The physician is requesting Cyclobenzaprine 5% cream 110grams, apply a thin layer to effected area TID #1, Synapryn (10mg per 1ml) 500ml, take 1tsp TID #1, Tabradol 1mg per 1ml 250ml, take 1tsp 2-3x per day #1 and Ketoprofen 20% cream, 167grams, apply a thin layer to effected area TID #1. On 9-10-2015, the Utilization Review noncertified the request for Cyclobenzaprine 5% cream 110grams, apply a thin layer to effected area TID #1, Synapryn (10mg per 1ml) 500ml, take 1tsp TID #1, Tabradol 1mg per 1ml 250ml, take 1tsp 2-3x per day #1 and Ketoprofen 20% cream, 167grams, apply a thin layer to effected area TID #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% cream 110grams, apply a thin layer to effected area TID #1: Upheld

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

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

Decision rationale: Regarding the request for Cyclobenzaprine 5% cream 110grams, apply a thin layer to effected area TID #1, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Cyclobenzaprine 5% cream 110grams, apply a thin layer to effected area TID #1 is not medically necessary.

Synapryn (10mg/1ml) 500ml, take 1tsp TID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical
Evidence:<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416>.

Decision rationale: Regarding the request for Synapryn, this compound is noted to contain tramadol and glucosamine. With regard to opioids such as tramadol, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. With regard to glucosamine, it is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no discussion regarding aberrant use, no documentation of knee osteoarthritis, and no clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral tablet forms. In the absence of such documentation, the currently requested Synapryn is not medically necessary.

Tabradol 1mg/1ml 250ml, take 1tsp 2-3x/day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence:
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5d19ef8b-eef3-4d52-95f5-929765ca6dc7>.

Decision rationale: Regarding the request for Tabradol, Tabradol contains cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit. Regarding cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral tablet forms. In the absence of such documentation, the currently requested Tabradol is not medically necessary.

Ketoprofen 20% cream, 167grams, apply a thin layer to effected area TID #1: Upheld

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

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

Decision rationale: Regarding the request for topical ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Ketoprofen is not FDA approved for a topical application. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical ketoprofen is for short term use, as recommended by guidelines. Additionally, Ketoprofen is not FDA approved for a topical application. In the absence of clarity regarding those issues, the currently requested topical ketoprofen is not medically necessary.