

Case Number:	CM15-0198987		
Date Assigned:	10/14/2015	Date of Injury:	09/06/2011
Decision Date:	12/23/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/09/2015

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:

This is a 56-year-old male with a date of industrial injury 9-6-2011. The medical records indicated the injured worker (IW) was treated for cervical spine sprain-strain, rule out disc displacement; cervical radiculopathy; bilateral shoulder pain; left shoulder rotator cuff tear, per 5-12-15 MRI; left shoulder tendinitis and bursitis, per 5-12-15 MRI; left shoulder osteoarthritis, per 5-12-15 MRI; lumbar spine multilevel disc displacement, per 5-12-15 MRI; and Lumbar radiculopathy. In the progress notes (8-14-15), the IW reported burning, radicular neck pain and muscle spasms, rated 4 out of 10, radiating to the bilateral upper extremities associated with numbness and tingling; burning bilateral shoulder pain radiating down the arms to the fingers, associated with muscle spasms, rated 4 out of 10; and burning radicular low back pain and muscle spasms, rated 4 out of 10, with associated numbness and tingling in the bilateral lower extremities. The IW stated medications offered temporary relief of pain and improved his ability to have restful sleep. He denied any problems with his medications. Medications prescribed by this provider included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine topical gel and Ketoprofen cream; there was no indication in the records as to when these medications were initiated. Medications prescribed by another provider included Anaprox, Prilosec, Tramadol and Cyclobenzaprine. On examination (8-14-15 notes), there was tenderness to palpation at the occiput and at the cervical paraspinal, trapezius and scalene muscles. There was also tenderness about the bilateral shoulders, levator scapula and rhomboid muscles, as well as the lumbar paraspinal muscles and over the lumbosacral junction. Spasms were present in the lower back. Motor strength was decreased in the C5 through T1 myotomes and the L2 through

S1 myotomes secondary to pain in the upper and lower extremities. Treatments included physical therapy and medications. Work status was not indicated. A Request for Authorization was received for Ketoprofen 20% cream 167 grams, apply three times daily, #1; Synapryn (10mg per ml) oral suspension 5 ml three times daily, 500ml, #1; Cyclobenzaprine 5% cream 110 grams, apply three times daily, #1; and Tabradol 1mg per ml oral suspension, 5ml two to three times daily, 250ml, #1. The Utilization Review on 9-17-15 non-certified the request for Ketoprofen 20% cream 167 grams, apply three times daily, #1; Synapryn (10mg per ml) oral suspension 5 ml three times daily, 500ml, #1; Cyclobenzaprine 5% cream 110 grams, apply three times daily, #1; and Tabradol 1mg per ml oral suspension, 5ml two to three times daily, 250ml, #1.

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 to be applied 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: 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. The use of Ketoprofen for topical application is not recommended by MTUS or currently FDA approved. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Ketoprofen 20% cream 167 grams to be applied TID #1 is not medically necessary.

Cyclobenzaprine 5% cream, 110 grams to be applied TID #1: Upheld

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

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, 110 grams to be applied TID #1 is not medically necessary.

Synapryn 10mg per ml oral suspension 5ml TID 500ml #1: 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 www.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 10mg per ml oral suspension 5ml TID 500ml #1 is not medically necessary.

Tabradol 1mg per ml oral suspension 5ml BID-TID 250ml #1: 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 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 per ml oral suspension 5ml BID-TID 250ml #1 is not medically necessary.