

Case Number:	CM15-0202015		
Date Assigned:	10/16/2015	Date of Injury:	10/07/2013
Decision Date:	12/21/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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: New York, California
Certification(s)/Specialty: Emergency 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 45 year old male, who sustained an industrial injury on October 7, 2013, incurring right hand and right wrist injuries. He was diagnosed with right wrist and hand crush injury, right elbow sprain, right wrist carpal tunnel syndrome and right hand osteonecrosis. Treatment included pain medications, topical analgesic cream and activity restrictions and modifications. Currently, the injured worker complained of burning right shoulder, and elbow pain, right wrist and right hand pain and persistent muscle spasms. He rated his pain 5 out of 10 on a pain scale of 1 to 10. The pain was aggravated by gripping, grasping, reaching, pulling and lifting. He complained of weakness, numbness tingling and pain radiating to the hand and fingers. The injured worker noted that medications, offer him temporary relief of pain and improved his ability to sleep. His pain was also alleviated by activity restrictions. The treatment plan that was requested for authorization included prescriptions for Ketoprofen cream, Cyclobenzaprine cream, Synapryn suspension, Tabradol suspension, Deprizine suspension, Dicopanol suspension and Fanatrex suspension. On October 29, 2015, a request for multiple topical analgesic creams and medicinal suspensions were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream, 165gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Ca MTUS guidelines for topical analgesic agents are referenced above. According to these guidelines, Ketoprofen is not currently FDA approved for topical application. This medication is known to have high incidence of photo-contact dermatitis. As this medication is not supported by the guidelines or FDA approved, the request is not medically necessary.

Cyclobenzaprine 5% cream, 110gm: Upheld

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

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

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Cyclobenzaprine. MTUS guidelines states that cyclobenzaprine is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency, duration or site of application. The request is not medically necessary.

Synapryn 10mg/ml oral suspension, 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
<http://www.bioportfolio.com/resources/drug/22213/Synapryn.html>.

Decision rationale: Synapryn is a compounded substance that includes Tramadol as a primary ingredient and typically glucosamine as a second ingredient. While tramadol is discussed in CA MTUS, this compounded formulation is not. ODG is also silent on this substance. Tramadol is a synthetic opioid that is typically prescribed for as needed dosing for pain control. The indications specific to Tramadol are not apparent in chart documentation. The dosing, frequency and effects are not stated. Opioid medication is not supported for use in chronic back pain. The other component, glucosamine, is recommended as an option for the treatment of moderate

arthritic pain, mainly the knees. The IW does not have an active diagnosis of arthritis. The combination of these medications is not supported as one is intended for as needed breakthrough pain and carries substantial medical risks due to its potential accumulative effect. The other is for moderate pain caused by osteoarthritis and is used more liberally without the same toxicological profile. The request does not include dosing or frequency. The combination preparation is not supported and therefore, not medically necessary.

Tabradol 1mg/ml oral suspension, 500ml: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Tabradol is an oral solution of cyclobenzaprine. According to CA MTUS, this medication is recommended only for a short course of therapy. The effect is noted to be greatest in the first 4 days of treatment, therefore not supportive for use in chronic pain. Additionally, cyclobenzaprine is not recommended to be added to other agents. The request does not include frequency or dosing of use. For all of these reasons, cyclobenzaprine is not indicated and is not medically necessary.

Deprizine 15mg/ml oral suspension, 250ml: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Deprizine is the oral solution equivalent of ranitidine. According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. The request does not include frequency or dosing of this medication. Ranitidine is not medically necessary based on the MTUS.

Dicopanor 5mg/ml oral suspension, 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 "<http://www.drugs.com/pro/dicopanor.html>".

Decision rationale: According to the treating provider's documentation, Dicopanol is a combination of antihistamine and other proprietary ingredients. Unknown components of a medication cannot be evaluated to determine their safety or medical necessity. Additionally, the request does not include dosing or frequency. As such, the request for Dicopanol is not medically necessary.

Fanatrex 25mg/ml oral suspension, 420ml: 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 "<http://www.drugs.com/pro/fanatrex.html>".

Decision rationale: According to the above reference, Fanatrex is a combination of gabapentin and other proprietary ingredients. Unknown components of a medication cannot be evaluated to determine their safety or medical necessity. According to CA MTUS, topical gabapentin is not recommended as there is no peer reviewed literature to support its use. Additionally, the request does not include dosing or frequency. As such, the request for Fanatrex is not medically necessary.