

Case Number:	CM15-0023727		
Date Assigned:	02/13/2015	Date of Injury:	07/22/2014
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

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 20 year old male who sustained an industrial injury on 07/22/14. He reports bilateral wrist pain, described as constant, and moderate to severe, as well as burning radicular back pain which radiates to the right thigh, and burning right knee pain. Treatments to date include medications. Diagnoses include bilateral wrist sprain/strain, wrist carpal tunnel syndrome, lumbar spine sprain/strain, lumbar radiculopathy, and right knee sprain/strain. In a progress note dated 12/17/14 the treating provider recommends Deprizine, Dicoprofanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. On 12/17/14 Utilization Review non-certified recommends Deprizine, Dicoprofanol, Fanatrex, Synapryn, and Tabradol citing MTUS, ODG, and National Guidelines Clearinghouse guidelines. Cyclobenzaprine, Ketoprofen cream, and Terocin patches were also non-certified, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Deprizine 15mg/ml 250ml Between 12/17/2014 and 3/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the National Guideline Clearing house.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deprizine Instructions Insert.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for bilateral wrist, right knee, and radiating low back pain. Deprizine is ranitidine hydrochloride in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Deprizine is not medically necessary.

1 Prescription of Dicopanol 5mg/ml 150ml Between 12/17/2014 and 3/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the National Guideline Clearing house.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dicopanol Instructions Insert.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for bilateral wrist, right knee, and radiating low back pain. Dicopanol is diphenhydramine hydrochloride in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Dicopanol is not medically necessary.

1 Prescription of Fanatrex 25mg/ml 420ml Between 12/17/2014 and 3/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the National Guideline Clearing house.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fanatrex Instructions Insert.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for bilateral wrist, right knee, and radiating low back pain. Fanatrex is gabapentin in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Fanatrex is not medically necessary.

1 Prescription of Synapryn 10mg/1 ml 500ml Between 12/17/2014 and 3/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the National Guideline Clearing house.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Synapryn Instructions Insert.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for bilateral wrist, right knee, and radiating low back pain. Synapryn is cyclobenzaprine with glucosamine in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Synapryn is not medically necessary.

1 Prescription of Tabradol 1mg/ml 250ml Between 12/17/2014 and 3/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the National Guideline Clearing house.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tabradol Instructions Insert.

Decision rationale: Tabradol is cyclobenzaprine in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Tabradol is not medically necessary.

1 Prescription of Cyclobenzaprine 5% Cream 110 grams Between 12/17/2014 and 3/9/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for bilateral wrist, right knee, and radiating low back pain. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Therefore, this request is not medically necessary.

1 Prescription of Ketoprofen Cream 20% Cream, 167 grams Between 12/17/2014 and 3/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-112 Page(s): 60, 111-112.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for bilateral wrist, right knee, and radiating low back pain. Ketoprofen is not currently FDA approved for a topical application and has an extremely high incidence of photo contact dermatitis. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac which could be considered as a treatment option. Therefore, the requested Ketoprofen 20% cream was not medically necessary.

Unknown Prescription of Terocin Patches Between 12/17/2014 and 3/9/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical; and Salicylate Topicals; and Menthol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Lidoderm (lidocaine patch). p56-57 (3) Topical Analgesics, p111-113 Page(s): 56-57, 60, 111-113.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for bilateral wrist, right knee, and radiating low back pain. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the prescribing of Terocin in a patch form was not medically necessary.