

Case Number:	CM15-0034422		
Date Assigned:	03/26/2015	Date of Injury:	08/11/2014
Decision Date:	05/05/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] employee who has filed a claim for neck, shoulder, and back pain reportedly associated with an industrial motor vehicle accident of August 11, 2014. In a utilization review report dated February 9, 2015, the claims administrator failed to approve a request for several topical compounded medications, oral suspensions, dietary supplements, 18 sessions of physical therapy, and 18 sessions of manipulative therapy. A December 29, 2014 RFA form and a report of December 31, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. The applicant had undergone chiropractic manipulative therapy at various points in August 2014; it was noted at various points in the file. In a progress note dated December 31, 2014, the applicant apparently transferred care to a new primary treating provider (PTP). The applicant reported multifocal complaints of neck pain, bilateral shoulder pain, low back pain, 7/10. The applicant was given a number of dietary supplements, topical compounds, and oral suspensions. Additional manipulative therapy and physical therapy were proposed. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. In a December 1, 2014 progress note, the applicant was given an extremely proscriptive 5-pound lifting limitation, seemingly resulting in the applicant's removal from the workplace. The applicant reported 7/10 pain complaints. The applicant was using Ritalin, Lexapro, and Norco; it was stated on this occasion. The applicant was asked to continue chiropractic manipulative therapy, acupuncture, and obtain bilateral shoulder MRIs. An orthopedic consultation was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Cream 20% Cream 167 grams: 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); Topical medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: No, the request for a topical compounded ketoprofen-containing cream was not medically necessary, medically appropriate or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Cyclobenzaprine 5% Cream 110 grams: 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); Topical medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similarly, the request for a cyclobenzaprine-containing compound was likewise not medically necessary, medically appropriate or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Sanapryn 10mg/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 Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation SYNAPRYN - DailyMed dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm

archiveid...SYNAPRYN. (tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit).

Decision rationale: Similarly, the request for Synapryn was likewise not medically necessary, medically appropriate or indicated here. Synapryn, per the National Library of Medicine (NLM), is an amalgam of tramadol and glucosamine. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines notes that glucosamine is recommended in the treatment of pain associated with arthritis and, in particular, with that associated with knee arthritis, given its low risk, in this case, however, there was no mention of the applicant's carrying a diagnosis of either arthritis or knee arthritis for which glucosamine would have been indicated. Since the glucosamine ingredient in the compound is not recommended, the entire compound is not recommended. Therefore, the request was not medically necessary.

Tabradol 1mg/ml oral suspension 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's textbook of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113. Decision based on Non-MTUS Citation TABRADOL - DailyMeddaily.med.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...TABRADOL. (cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit).

Decision rationale: Similarly, the request for Tabradol was likewise not medically necessary, medically appropriate or indicated here. Tabradol is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants such as cyclobenzaprine are not recommended for compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Deprizine (ranitidine) was likewise not medically necessary, medically appropriate or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Deprizine (ranitidine) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of the applicant's having any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would compel usage of Deprizine (ranitidine). Therefore, the request was not medically necessary.

Dicopanol (Diphenhydramine) 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 National Library of Medicine Diphenhydramine Treats severe allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medicine is an antihistamine.

Decision rationale: Similarly, the request for Dicopanol (diphenhydramine) was likewise not medically necessary, medically appropriate or indicated here. The MTUS does not address the topic. While the National Library of Medicine (NLM) notes that diphenhydramine or Dicopanol is indicated in the treatment of allergic reactions, motion sickness, and/or parkinsonism, in this case, however, the attending provider's progress note of December 31, 2014 contained no references to or mention of issues with allergic reactions, motion sickness, parkinsonism, etc., which would have compelled provision of Dicopanol (diphenhydramine). Therefore, the request was not medically necessary.

Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Gabapentin (Neurontin) Page(s): 7- 49.

Decision rationale: Similarly, the request for Fanatrex, a gabapentin-containing oral suspension, was likewise not medically necessary, medically appropriate or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is the first-line treatment for neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. Here, the attending provider did not furnish a clear or cogent applicant-specific rationale which would support provision of the Fanatrex suspension in favor of more conventional, generic gabapentin capsules. Therefore, the request was not medically necessary.

Terocin Patches: 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 Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol ...dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources ... Label: TEROGIN- methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.

Decision rationale: Similarly, the request for topical Terocin was likewise not medically necessary, medically appropriate or indicated here. Terocin, per the National Library of Medicine, is an amalgam of methyl salicylate, capsaicin, menthol, and lidocaine. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is recommended only as an option for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant was apparently using a variety of oral medications, including Norco, on December 1, 2014, effectively obviating the need for the capsaicin-containing Terocin compound in question. Therefore, the request was not medically necessary.

Chiro x 18: 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); Chiropractic Guidelines, Back Therapeutic Care, Sprains & Strains of Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: Similarly, the request for an additional 18 sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was off of work, on total temporary disability as of office visits of December 1, 2014 and December 31, 2014. Earlier chiropractic manipulative therapy, thus, had proven unsuccessful here. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.

Physical Therapy x 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Similarly, the request for 18 sessions of physical therapy was likewise not medically necessary, medically appropriate or indicated here. The 18-session course of physical therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course

recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. It is further noted that the request in question did represent a request for renewal or extension of physical therapy. The applicant had received earlier physical therapy in unspecified amounts over the course of the claim. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, suggesting a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.