

Case Number:	CM15-0041448		
Date Assigned:	04/10/2015	Date of Injury:	08/05/2014
Decision Date:	10/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	03/04/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 5, 2014. In a Utilization Review report dated January 23, 2015, the claims administrator failed to approve a request for topical cyclobenzaprine containing compound, a ketoprofen-containing compound, and several compounded drugs and/or oral suspensions. The claims administrator referenced a December 11, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of low back, knee, and foot pain. Extracorporeal shockwave therapy, manipulative therapy, and an internal medicine consultation were endorsed while the applicant was kept off of work. On December 29, 2014, the applicant apparently received several dietary supplements and topical compounds, including topical ketoprofen and topical cyclobenzaprine, little to no narrative commentary was attached. Little in the way of supporting information was attached to the request. In a November 17, 2014 order form, topical ketoprofen and topical cyclobenzaprine were ordered, again without any supporting rationale or supporting commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream (topical pain compound) 167 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketoprofen Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, i.e., the primary ingredient in the compound, is not FDA approved for topical application purposes. The attending provider failed to furnish a clear or compelling rationale for provision of this particular agent in face of the unfavorable MTUS and FDA positions on the same. Therefore, the request was not medically necessary.

Cyclobenzaprine (topical pain compound) 5% cream 110 grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, i.e. the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Synapryn (10mg/1ml) (narcotic) oral suspension 500ml #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugsdb.eu/drug.php?d=Synapryn&m=Fusion%20Pharmaceuticals%20Llc&id=7bdb51a-e381-4d83-ba8e-a7562ced650f.xml>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation National Library of Medicine, Synapryn - DailyMed (dailymed.nlm.nih.gov).

Decision rationale: 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 as an option in applicants with moderate arthritis pain and, in particular, that associated with knee arthritis, here, in this case, however, order forms of November 17, 2014 and December 29, 2014 made no mention of the applicant's carrying diagnosis of arthritis and/or knee arthritis with ongoing usage of glucosamine would

have been indicated. Little-to-no narrative commentary and/or supporting rationale accompanied said order forms. Since the glucosamine component of the amalgam was not recommended, the entire amalgam was not recommended. Therefore, the request was not medically necessary.

Tabradol 1mg/ml (muscle relaxer) oral suspension 250ml #1: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation National Library of Medicine, Tabradol - DailyMed (dailymed.nlm.nih.gov).

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

Deprizine 5mg/ml (acid reduction) oral suspension 250ml #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/deprizine.html>.

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as Deprizine (ranitidine) are indicated in the treatment of the NSAID-induced dyspepsia, here, however, order forms of November 17, 2014 and December 29, 2014 were highly templated, thinly developed, and made no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would have compelled provision of ranitidine (Deprizine). Therefore, the request was not medically necessary.

Dicopanol (diphenhydramine) (antihistamine) 5mg/ml oral suspension 150ml #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine, Diphenhydramine.

Decision rationale: The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. While the National Library of Medicine (NLM) acknowledged that diphenhydramine (Dicopan) is indicated in the treatment of allergic reactions, motion sickness, and/or Parkinsonism, here, however, order forms of November 17, 2014 and December 27, 2014 made no mention of the applicant's having issues with an allergic reaction, Parkinsonism, motion sickness, etc., which would have compelled provision of diphenhydramine (Dicopan). Clear rationale for provision of Dicopan (diphenhydramine) was not furnished via highly templated, stock order forms of November 17, 2014 or December 29, 2014. Therefore, the request was not medically necessary.

Fanatrex (gabapentin) (anticonvulsant) 25mg/ml oral suspension 420ml #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Functional Restoration Approach to Chronic Pain Management Page(s): 49; 7.

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin does represent a first-line treatment for neuropathic pain, here, however, there was no mention of the applicant's having issues with neuropathic pain present on either order form of November 17, 2014 or December 29, 2014. Said order forms were highly templated and did not furnish a clear or compelling rationale for provision of Fanatrex (gabapentin). Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider's choice of pharmacotherapy must be based on the type of pain to be treated and/or pain mechanism involved. Here, the attending provider did not furnish a clear or compelling rationale for provision of Fanatrex (gabapentin). Therefore, the request was not medically necessary.