

Case Number:	CM15-0046791		
Date Assigned:	03/19/2015	Date of Injury:	09/23/2012
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 38 year old female, who sustained an industrial injury on September 23, 2012. The injured worker had reported neck, back, upper extremity and bilateral knee pain. The diagnoses have included cervical spine sprain/strain, cervical radiculopathy, bilateral wrist/hand sprain/strain, lumbar spine sprain/strain, lumbago, lumbar radiculopathy, bilateral knee sprain/strain, left ankle sprain/strain, insomnia, anxiety disorder and depression. Treatment to date has included medications, radiological studies, physical therapy, and acupuncture treatments. Current documentation dated January 8, 2015 notes that the injured worker complained of constant burning neck pain and muscle spasms. The pain was associated with numbness and tingling of the bilateral upper extremities. The injured worker also reported burning radicular low back pain and muscle spasms with associated numbness and tingling of the lower extremities. She also noted bilateral burning knee pain with spasms and burning, and spasms of the left ankle and foot pain. The injured worker also was noted to have anxiety and difficulty sleeping due to the inability to perform activities of daily living. Examination of the cervical spine revealed tenderness to palpation and a decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles and a decreased range of motion. Knee examination showed tenderness to palpation over the medial and lateral joint line and a decreased range of motion. Left foot examination showed tenderness to palpation over the medial and lateral malleolus and heel and a decreased range of motion. There is decreased sensation over the C5, C6, C7 and T1 dermatomes. There is a pending Referral for Psychologist treatment. The treating physician's recommended plan of care included retrospective

Cyclobenzaprine 5% cream 110 grams, retrospective Synapryn 10mg/1ml Oral Suspension 500 ml, retrospective Tabradol 1mg/ml Oral Suspension 250 ml and retrospective Ketoprofen 20% cream 167grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 5% cream 110gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient is utilizing cyclobenzaprine in oral and topical formulations. The chronic use of cyclobenzaprine had exceeded that guidelines recommended maximum period of utilization of 4 to 6 weeks. There is lack of guidelines or FDA support for the use of cyclobenzaprine in topical formulations. The criteria for the use of cyclobenzaprine 5% 110gm were not met. Therefore the request is not medically necessary.

Retrospective Synapryn 10mg/1ml Oral Suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 93-94, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with oral NSAIDs and PT. The chronic use of opioids can be associated with the development tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient is on chronic treatment with Synapryn which contains Tramadol as the active ingredient. There is no documentation that the patient failed treatment with non compounded regular tablet formulation of Tramadol. The guidelines recommend that non compounded medications be utilized as first line option for better evaluation of efficacy and adverse effects. The criteria for the use of Synapryn 10mg/ml oral suspension 500ml were not met. Therefore the request is not medically necessary.

Retrospective Tabradol 1mg/ml Oral Suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Muscle Relaxants (for Pain) Page(s): 76-78; 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The records indicate that the patient is utilizing cyclobenzaprine in oral and topical formulations. There is no documentation of failure of treatment with non compounded oral tablet formulation of cyclobenzaprine. The chronic use of cyclobenzaprine had exceeded that guidelines recommended maximum period of utilization of 4 to 6 weeks. The criteria for the use of Tabradol 1mg/ml oral suspension 250ml were not met. Therefore the request is not medically necessary.

Retrospective Ketoprofen 20% cream 167gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The use of topical NSAIDs is associated with rapid development of tolerance and decreased efficacy. Topical NSAIDs are approved for utilization in the treatment of localized mono joint arthritis such as knee joints. The records indicate that the chronic pain is located in multiple regions - cervical, lumbar upper and lower extremities. The use of topical ketoprofen is associated with the development of photodermatitis. The records did not indicate that the patient could not tolerate regular oral formulation of NSAIDs. The criteria for the use of Ketoprofen 20% 167gm were not met. Therefore the request is not medically necessary.