

<b>Case Number:</b>	CM15-0052936		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male who reported an injury on 07/17/2013. According the documentation, the injured worker sustained a second injury on 07/17/2013 when he aggravated the previous low back condition for reasons unknown. The current diagnoses include status post lumbar spine surgery with residual pain, rule out lumbar disc displacement, and rule out lumbar radiculopathy. The injured worker presented on 01/13/2015 for an initial comprehensive evaluation. The injured worker was initially treated with physical therapy and prescribed medication. The injured worker presented with complaints of 7/10 low back pain with radicular symptoms causing numbness and tingling in bilateral lower extremities. The injured worker underwent 2 separate low back surgeries in 2014. Upon examination there was tenderness to palpation of the lumbar paraspinals muscles and over the lumbosacral junction, limited flexion and extension, limited left and right lateral flexion, decreased sensation to pin prick and light touch in the L4 through S1 dermatomes bilaterally, and 4/5 motor weakness in the bilateral lower extremities. Recommendations at that time included prescriptions for Depzine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, and a ketoprofen cream. An x-ray and an MRI of the lumbar spine were also requested, along with an electrodiagnostic study of bilateral lower extremities. The injured worker was referred for a course of physical therapy, chiropractic treatment, acupuncture, and shockwave therapy. A TENS unit was also issued as well as a hot/cold unit and terocin pain patches. There was no Request For Authorization form submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20% cream, 167 grams x 3 per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the request for a ketoprofen cream would not be supported. As such, the request is not medically necessary.

**Cyclobenzaprine 5% cream, 110 grams x 3 per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended for topical use as there is no peer reviewed literature to support their use as a topical product. Therefore, the request for a cyclobenzaprine cream would not be supported. As such, the request is not medically necessary.

**Synapryn 10mg/1ml suspension 500ml 1tsp (ml) 3 x per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there was no evidence of a failure of non-opioid analgesics. There was no documentation of a written consent or agreement for the chronic use of an opioid. Recent urine toxicology reports were not provided. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically appropriate.

**Tabradol 1mg/ml oral suspension 250ml 1 tsp (5ml) 2-3 x per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, there was no objective evidence of palpable muscle spasm or spasticity upon examination. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically appropriate.

**Deprizine 15mg/ml oral suspension 250 2 tsp (10ml) x 1 per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically appropriate.

**Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the clinical notes submitted, there is no indication of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no indication that this injured worker cannot safely swallow pills or capsules. The medical necessity has not been established. As such, the request is not medically appropriate.

**Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml 1 tsp (5ml), three times a day:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and post-herpetic neuralgia. It is also considered first line treatment for neuropathic pain. The medical necessity for gabapentin with other proprietary ingredients has not been established. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically appropriate.