

<b>Case Number:</b>	CM15-0074949		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: 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 injured worker is a 53 year old female, who sustained an industrial injury on 7/26/12. She reported pain in back and bilateral knees. The injured worker was diagnosed as having headaches/cephalgia, cervical spine sprain/strain, cervical spine radiculopathy, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, radiculitis of lower extremity, bilateral knee sprain/strain and anxiety disorder. Treatment to date has included physical therapy, acupuncture treatment, chiropractic treatments, shockwave therapy, topical medications and oral medications. Currently, the injured worker complains of headaches, burning neck pain with muscle spasms, burning bilateral shoulder pain radiating to arms and fingers with muscle spasms, burning bilateral wrist pain and muscle spasms and burning radicular low back pain and muscle spasms along with burning bilateral knee pain and muscle spasms. She rates all pain as 7/10. Physical exam noted tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles, tenderness at carpal tunnel and first dorsal extensor muscle compartment, tenderness to palpation with spasms at lumbar paraspinal muscles and over the lumbosacral junction and tenderness to palpation over the medial and lateral joint line and patellofemoral joint bilaterally with limited range of motion of all injured areas. The treatment plan included a request for authorization for Ketoprofen cream, Cyclobenzaprine cream, Synapryn oral suspension, Tabradol oral suspension, Deprizine oral suspension, and Dicopanor oral suspension and Fanatrex oral suspension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream Ketoprofen 20%, Cyclobenzaprine 5%: 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 9792.20 - 9792.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo-contact dermatitis. Compound Cream Ketoprofen 20%, Cyclobenzaprine 5% is not medically necessary.

**Oral suspension: Synapryn: 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 Official Disability Guidelines (ODG) Oral Suspension Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Oral suspension: Synapryn is not medically necessary.

**Oral suspension: Tabradol: 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 Official Disability Guidelines (ODG) Oral Suspension Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Oral suspension: Tabradol is not medically necessary.

**Oral suspension: Deprizine: 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 Official Disability Guidelines (ODG) Oral Suspension Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Oral suspension: Deprizine is not medically necessary.

**Oral suspension: Dicopanol: 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 Official Disability Guidelines (ODG) Oral Suspension Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA

approved medication was given an adequate trial. Oral suspension: Dicopanol is not medically necessary.

**Oral suspension: Fanatrex: 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 Official Disability Guidelines (ODG) Oral Suspension Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Oral suspension: Fanatrex is not medically necessary.