

Case Number:	CM15-0088392		
Date Assigned:	05/12/2015	Date of Injury:	04/11/2008
Decision Date:	06/18/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 61-year-old male, with a reported date of injury of 04/11/2008. The diagnoses include bilateral elbow sprain/strain rule out derangement, bilateral wrist sprain/strain rule out derangement, and rule out bilateral carpal tunnel syndrome. Treatments and evaluation have included an MRI of the left hand on 12/18/2014, an MRI of the right wrist on 12/16/2014, an MRI of the left elbow on 12/10/2014, and medications. Synapryn, trabadol, and dicopanol were prescribed in November 2014. Cyclobenzaprine and ketoprofen cream were prescribed in December 2014. In December 2014, the injured worker reported burning bilateral elbow pain rated 7/10 in severity and burning bilateral wrist pain rated 7/10 in severity. Work status was noted as full duty without limitations or restrictions. The progress report dated 03/24/2015 indicates that the injured worker complained of burning bilateral elbow pain, rated 6-7 out of 10 and burning bilateral wrist pain, rated 6-7 out of 10, as well as weakness, numbness, tingling, and pain radiating to the hands and fingers. The injured worker stated that the medications offer temporary relief of pain and improved his ability to have restful sleep. He denied any problems with the medications. The objective findings include tenderness to palpation at the medial and lateral epicondyles, decreased range of motion of the bilateral elbows, tenderness to palpation over the carpal bones and along the distribution of the median nerve of the bilateral wrist/hand, decreased range of motion of the bilateral wrist/hand, and slightly diminished sensation to pinprick and light touch along the course of the median nerve distribution in the bilateral upper extremities. Work status remained full duty without limitations or restrictions. A letter of medical necessity submitted by the treating physician on 3/24/15 notes that dicopanol was

prescribed for insomnia. The treating physician requested Ketoprofen 20% cream, Cyclobenzaprine 5% cream, Dicoprofenol 5mg/ml oral suspension, Synapryn 10mg/1ml oral suspension, and Tabradol 1mg/1ml oral suspension. On 4/30/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20 Percent Cream 167 Gram: Upheld

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

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

Decision rationale: Ketoprofen, a nonsteroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. Topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDS are not recommended for neuropathic pain. There was no documentation of osteoarthritis or tendinitis for this injured worker. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. As such, the request for ketoprofen cream is not medically necessary.

Cyclobenzaprine 5 Percent Cream 110 Gram: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there was no documentation of neuropathic pain or failure of trial of antidepressants and anticonvulsants. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. The treating physician has prescribed both oral and topical forms of cyclobenzaprine, which is duplicative and potentially toxic. Due to lack of specific indication, lack of recommendation by the guidelines, and potential for toxicity, the request for cyclobenzaprine cream is not medically necessary.

Dicoprofenol 5 MG/ML Oral Suspension 150 ML: Upheld

Claims Administrator guideline: Decision based on MTUS 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) pain chapter: insomnia.

Decision rationale: Dicopanol contains diphenhydramine and other unnamed ingredients. Medical necessity cannot be determined for unspecified compounds, and unpublished ingredients cannot be assumed to be safe or effective. Dicopanol is not medically necessary on this basis alone. In addition, Dicopanol is stated to be for insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the Official Disability Guidelines citation above. That citation also states that antihistamines are not indicated for long term use as tolerance develops quickly, and that there are many, significant side effects. Dicopanol is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and lack of information provided about the ingredients.

Synapryn 10 MG/1 ML Oral Suspension 500 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, glucosamine (and chondroitin sulfate) Page(s): 50, 77-80, 93-94.

Decision rationale: Synapryn contains tramadol with glucosamine in oral suspension. Given that tramadol is generally an as-needed medication to be used as little as possible, and that glucosamine (assuming a valid indication) is to be taken regularly regardless of acute symptoms, the combination product is illogical and not indicated. Tramadol is prescribed without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. The prescribing physician does not specifically address functional goals with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS provides support for treating moderate arthritis pain, particularly knee OA, with glucosamine sulphate. There was no documentation of osteoarthritis for this injured worker. Should there be any indication for glucosamine, it must be given as a single agent apart from other analgesics, particularly analgesics like tramadol which are habituating. Synapryn is not medically necessary based on the MTUS, lack of good medical evidence, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Tabradol 1 MG/1 ML Oral Suspension 250 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66.

Decision rationale: Tabradol is cyclobenzaprine in an oral suspension. This medication has been prescribed for five months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, Fexmid, Amrix, Trabadol) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. In this case, the injured worker has been prescribed multiple additional medications. Limited, mixed evidence does not allow for a recommendation for chronic use. The treating physician has prescribed both oral and topical forms of cyclobenzaprine, which is duplicative and potentially toxic. Due to length of use in excess of the guidelines and potential for toxicity, the request for trabadol is not medically necessary.