

Case Number:	CM14-0120669		
Date Assigned:	08/06/2014	Date of Injury:	09/24/2013
Decision Date:	10/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 48 year old male who sustained a work injury on 9-24-13. On this date, the claimant slipped and fell onto his knee. Office visit on 6-4-14 notes the claimant reported neck pain, low back pain, right shoulder pain, elbow, and knee and hand pain. The claimant had tenderness to palpation and painful range of motion. Office visit on 3-3-14 notes the claimant reports neck, right shoulder, right elbow, low back and right knee pain. On exam, the claimant has tenderness at the cervical spine, right shoulder, right elbow, lumbar spine, right knee medial joint line. DTR (Deep Tendon Reflex) are 2+ in upper and lower extremities. Motor strength and sensation is decreased upper and lower extremities. Decreased range of motion at the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenatrex (Unspecified dosage and quantity) dispensed on 03/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine, Gabapentin Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain--Compounded drugs. NLM Pub Med, 2014 - Compounded medications

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epilepsy medications Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter anti epileptic medications

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that anti convulsants are recommended for neuropathic pain. This claimant multiple complaints, but no radicular signs on exam. Fenatrex is a liquid compound containing Gabapentin. There is an absence in documentation noting that this claimant cannot tolerate oral, first line of treatment. Additionally, nonspecific doses and quantity are not supported. Therefore, the request Fenatrex (Unspecified dosage and quantity) dispensed on 03/03/14 is not medically necessary and appropriate.

Synopryn (Unspecified dosage and quantity) dispensed on 03/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol Page(s): 91-94. Decision based on Non-MTUS Citation NLM Pub Med, 2014 - Compounded medications

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

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment. He has high levels of pain rated as 10+/10. Additionally, nonspecific doses and quantity is not supported. Therefore, the request of Synopryn (Unspecified dosage and quantity) dispensed on 03/03/14 is not medically necessary and appropriate.

Tabradol (Unspecified dosage and quantity) dispensed on 03/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation NLM Pub Med, 2014 - Compounded medications

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-67.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Additionally, nonspecific doses and quantity are not supported. Therefore, the Tabradol (Unspecified dosage and quantity) dispensed on 03/03/14 is not medically necessary and appropriate.

Ketoprofen Cream (Unspecified dosage and quantity) dispensed on 03/03/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 63-67.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Additionally, nonspecific doses and quantity are not supported. Therefore the Ketoprofen Cream (Unspecified dosage and quantity) dispensed on 03/03/14 is not medically necessary and appropriate.

Deprizine (Unspecified dosage and quantity) dispensed on 03/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI effects Page(s): 67-73.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that she is at an intermediate or high risk for GI events. Additionally, nonspecific doses and quantity are not supported. Therefore, the Deprizine (Unspecified dosage and quantity) dispensed on 03/03/14 is not medically necessary and appropriate.

Dicopanor (Unspecified dosage and quantity) dispensed on 03/03/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NLM Pub Med, 2014 - Compounded medications, Official Disability guidelines, Treatment Index, 12th Edition (web), 2014, Pain Chapter: Compounded drugs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine

Decision rationale: Dipocanol contains Diphenhydramine (Benadryl) is recommended for its antihistamine effects. There is an absence in documentation noting this claimant has problems with allergies that would support the use of this medication. Additionally, nonspecific doses and quantity are not supported. Therefore, the Dicopanor (Unspecified dosage and quantity) dispensed on 03/03/14 is not medically necessary and appropriate.

Cyclophene (Unspecified dosage and quantity) dispensed on 03/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the Cyclophene (Unspecified dosage and quantity) dispensed on 03/03/14 is not medically necessary and appropriate.