

Case Number:	CM14-0128157		
Date Assigned:	08/15/2014	Date of Injury:	09/06/2011
Decision Date:	10/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 Nevada. 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:

The records presented for review indicate that this 42 year-old male was reportedly injured on September 6, 2011. The most recent progress note, dated July 31, 2014, indicates that there are ongoing complaints of low back pain. Shock wave therapy was delivered. A previous progress note dated July 24, 2014 noted ongoing complaints of low back pain rated 5/10. There is temporary relief from the pain offered by the medications. The physical examination demonstrated a well-developed, well-nourished individual in no apparent distress. The injured employee is able to heel and toe walk, and there is a limitation to lumbar flexion. Tenderness to palpation is reported. Previous treatment includes chiropractic care, physical therapy, multiple medications, and shock wave therapy. A request had been made for multiple medications and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 165gm DOS 5/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: When noting the date of injury, the injury sustained, the treatment rendered and the parameters noted in the California Medical Treatment Utilization Schedule (MTUS) there is support for topical non-steroidal's and a short-term. However, this is only for those joints that are acceptable to such topical interventions. This would not include the spine. Therefore, there is insufficient clinical information presented to support this request. The medical necessity cannot be established.

Cyclobenzaprine 5% 100gm, DOS: 5/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, there is no support for topical musculoskeletal relaxant type medications. Therefore, there is insufficient clinical information presented to support this request. This is not medically necessary.

Synapryn 10mg/1ml, DOS: 5/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) treatment guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. There is no noted improvement in functionality or decrease in pain levels as a result of this medication. As such, there is no objectified efficacy or utility with the continued use of this preparation. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, the request is not considered medically necessary.

Tabradol 1mg/ml, DOS: 5/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

Decision rationale: This is an oral suspension of the medication Cyclobenzaprine. The parameters noted in the California Medical Treatment Utilization Schedule (MTUS) relative to Cyclobenzaprine indicate the use for short-term treatment. There is no clinical indication for indefinite, chronic or long-term care. Therefore, based on the clinical information presented for review tempered by the parameters noted in the California MTUS, there is no clear clinical indication to continue use of this medication. This is not medically necessary.

Deprizine 15mg/ml, DOS: 5/29/14: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 67, 68.

Decision rationale: This medication is a compound oral suspension preparation of a protein pump inhibitor. This medication is indicated for the treatment of gastroesophageal reflux disease or as a protectorate for non-steroidal medications. When noting the date of injury, the injury sustained, the current physical examination presented for review as well as the specific notation; there were no gastrointestinal complaints or findings on physical examination. There is simply no clinical indication presented for the medical necessity of this operation. Therefore, this is not clinically indicated or medically necessary.

Dicopanol 5mg/ml, DOS: 5/29/14: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 65.

Decision rationale: Diphenhydramine (Dicopanol) is an oral suspension compounded medication to treat allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medication is basically an antihistamine; the parameters for antihistamines are not noted to be applicable in this clinical situation. Therefore, based on the parameters noted in the California Medical Treatment Utilization Schedule (MTUS) tempered by the findings noted on progress notes this is not medically necessary.

Fanatrex 25mg/ml, DOS 5/29/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 .MTUS (Effective July 18, 2009) Page(s): 16-18.

Decision rationale: This is an oral suspension compounded medication basically Gabapentin. Primarily indicated to treat seizures, and off label use has been noted to address neuropathic pain lesion. There are no specific neuropathic lesions identified in the progress notes presented for review. Furthermore, there is no established efficacy or utility with the use of this medication. Therefore, the medical necessity of this preparation has not been established.