

Case Number:	CM14-0128493		
Date Assigned:	08/15/2014	Date of Injury:	10/03/2013
Decision Date:	09/29/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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 injured worker is a 42 year old male with date of injury 10/3/13 with related neck, lower back, and bilateral shoulder pain. Per progress report dated 8/1/14, pain was greater in the right shoulder traveling down the right arm which he described as shooting, aching, and sharp, rated 7/10. Neck pain was rated 10/10 and constant, radiating to the right upper extremity. Lower back pain traveled to the left hip, thigh, and leg, and was rated 8/10 in intensity, with tingling and stiffness to the spine. Per physical exam, weakness was noted in the lower extremities. Tenderness to palpation was noted in the anterior shoulder and posterior right shoulder. MRI of the right shoulder dated 12/7/13 revealed supraspinatus and infraspinatus tendinosis accompanied by a partial-thickness bursal-sided tear involving the posterior fibers of the supraspinatus tendon without definite evidence for full thickness tear, tendon retraction, or substantial focal muscle atrophy. Tendinosis involving the subscapularis tendon cranial fibers without full thickness tear was noted. He has been treated with physical therapy, acupuncture, chiropractic manipulation, and medication management. The date of UR decision was 8/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 165 gm QTY: 1.00: Upheld

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

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

Decision rationale: With regard to topical Ketoprofen, the MTUS guidelines state, "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)". As the request is not recommended by the MTUS, the request for Ketoprofen 20% cream 165 gm, quantity 1 is not medically necessary and appropriate.

Cyclobenzaprine 5% cream 100 gms QTY: 1.00: Upheld

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

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

Decision rationale: Per the MTUS guidelines, "There is no evidence for use of any other muscle relaxant as a topical product. [apart from baclofen, which is also not recommended]" As the request is not recommended by the MTUS, the request for Cyclobenzaprine 5% cream 100 gms, quantity 1 is not medically necessary and appropriate.

Synapryn 10mg/1ml (500 ml) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Glucosamine Page(s): 50, 78, 93, 113.

Decision rationale: According to the MTUS guidelines, glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee arthritis. Review of the submitted records does not indicate that the injured worker suffers from arthritis. The MTUS Chronic Pain Medical Treatment Guidelines, regarding on-going management of opioids, state, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal no documentation to support the medical necessity of tramadol nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity,

and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. In this case, there is no documentation comprehensively addressing this concern in the records available for my review. As MTUS guidelines recommends discontinuing opioids if there is no overall improvement in function, and glucosamine is not indicated, the request for Synapryn 10mg/1ml (500 ml) quantity 1 is not medically necessary and appropriate.

Tabradol 1mg/ml (250 ml) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The MTUS guidelines regarding Cyclobenzaprine, state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." With regard to MSM, the MTUS redirects to DMSO and states "There is some evidence of efficacy for topical DMSO cream, IV bisphosphonates and limited courses of oral corticosteroids" for the treatment of CRPS. While Cyclobenzaprine may be indicated for the injured worker's low back pain and spasm, note the statement on page 111 in the MTUS: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker is not being treated for CRPS, and MSM is not indicated. Therefore, the request for Tabradol 1mg/ml (250 ml), quantity 1 is not medically necessary and appropriate.

Dicopanor 5mg/ml (150 ml) QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: Dicopanor is diphenhydramine and other proprietary ingredients in oral suspension. Per the Official Disability Guidelines (ODG) "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." The

documentation submitted for review do not identify insomnia as a current problem, nor does it provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. Therefore, the request for Dicopanol 5mg/ml (150 ml), quantity one is not medically necessary and appropriate. .

Fanatrex 25mg/ml (420 ml) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: Fanatrex is gabapentin and other proprietary ingredients in oral suspension. According to the MTUS Guidelines, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The MTUS Guidelines state, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review does not contain information supporting the continued use of this medication, specifically; functional improvement was not addressed in the medical records. Therefore, the request for Fanatrex 25mg/ml (420 ml) quantity 1 is not medically necessary and appropriate.

Deprizine 15mg/ml (250 ml) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: Deprizine is ranitidine hydrochloride and other proprietary ingredients in oral suspension. In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. According to the MTUS Chronic Pain Medical Treatment Guidelines, "the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA), is recommended." The MTUS guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients

at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI." As there is no documentation of NSAID therapy, peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for review, the injured worker's risk for gastrointestinal events is low, as such, the request for Deprizine 15mg/ml (250 ml), quantity 1 is not medically necessary and appropriate.