

Case Number:	CM14-0133647		
Date Assigned:	08/27/2014	Date of Injury:	04/25/2011
Decision Date:	09/26/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational 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:

This femal patient developed chronic neck and low back pain subsequent to a slip and fall on April 25, 2011. She rates her spinal pain on a VAS score of 7-8/10. She has been treated with oral medications, TENS unit, bracing, Physical therapy and Acupuncture. Upper extremity neurological exam reveals no neurologic deficits. A right sided lower extremity deficit is noted with diminished sensation, however the most recent lumbar MRI does not reveal any stenosis or myelopathy. Urine drug screening on June 7, 2014 was positive for Hydrocodone which was not documented to be problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% Cream, 165 Grams: 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 Topical Analgesics Page(s): 111, 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines are very specific with the recommendations that only agents FDA approved for topical use be considered medically necessary. The Guidleines specifically note that topical Ketoprofen is not FDA approved for

topical use and is not recommended. The request for the compounded topical Ketoprofen 20% cream is not medically necessary or appropriate.

Cyclobenzaprine 5% Cream, 100 Grams: 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 Topical Analgesics Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically state that topical muscle relaxants are not recommended. There are no unusual circumstances to justify an exception to Guidelines. The request for Cyclobenzaprine 5% Cream, 100 grams is not medically necessary or appropriate.

Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: Terocin Cream and/or patches is a compounded blend of several over the counter products plus lidocaine 2.5%. The Chronic Pain Medical Treatment Guidelines specifically do not support the use of topical lidocaine 2.5% for chronic pain conditions. The Guidelines specifically state that if a single ingredient is not recommended the compound is not recommended. Therefore, the request for Terocin patches is not medically necessary or appropriate.

Synapryn 10mg/1ml Oral Suspension 500ml: 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) Pain, Compounded Medications.

Decision rationale: MTUS Guidelines do not directly address the issue of oral compounded drugs. ODG Guidelines do address this issue and provide Guideline recommendations. Synapryn 10mg. is a compounded oral suspension of Tramadol. Guidelines do not recommended the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. Therefore, the request for Synapryn 10mg/1ml oral suspension 500 ml is not medically necessary or appropriate.

Tabradol 1mg/MI Oral Suspension 250ml: 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) Pain, Compounded Medications.

Decision rationale: MTUS Guidelines do not directly address the issue of oral compounded drugs. ODG Guidelines do address this issue and provide Guideline recommendations. Tramadol 1mg/ml is a compounded oral suspension of Tramadol. Guidelines do not recommended the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. Therefore, the request for Tabradol 1mg/MI oral suspension 250 ml is not medically necessary or appropriate.

Deprizine 15mg/MI Oral Suspension 250ml: 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) Pain, Compounded Medications.

Decision rationale: MTUS Guidelines do not directly address the issue of oral compounded drugs. ODG Guidelines do addresss this issue and provide Guideline recommendations. Deprizine 15mg. MI is is a compounded oral suspension of Ranitidine (Zantac). Guidelines do not recommended the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. Also, Guidelines do not recommend compounded drugs that contain over the counter medications which Zantac is. The request for compounded Deprizine 15mg/ml oral suspension 250 ml is not medically necessary or appropriate.

Dicopanol (Diphenhydramine) 5mg/MI Oral: 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) Pain, Compounded Medications.

Decision rationale: MTUS Guidelines do not directly address the issue of oral compounded drugs. ODG Guidelines do addresss this issue and provide Guideline recommendations.

Dicopanor 5mg. MI is is a compounded oral suspension of Diphenhydramine (Benadryl). Guidelines do not recommended the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. Also, Guidelines do not recommend compounded drugs that contain over the counter medications which Benadryl is. The request for compounded Dicopanor (Diphenhydramine) 5mg/ml oral is not medically necessary or appropriate.

Fanatrex (Gabapentin) 25mg/MI Oral Suspension 420ml: 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) Pain, Compounded Medications.

Decision rationale: MTUS Guidelines do not directly address the issue of oral compounded drugs. ODG Guidelines do address this issue and provide Guideline recommendations. Fanatre2 15mg. MI is is a compounded oral suspension of Gabapentin. Guidelines do not recommended the use of compounded drugs unless there is a defined medical need and conventional forms have not worked. These criteria have not been met. The compounded Fanatrex 25mg/ml Oral Suspension 420ml is not medically necessary.

One urinalysis toxicological evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Urine Drug Screening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screening.

Decision rationale: MTUS Guidelines recommend the use of urine drug screening (UDS) when initiating the use of opioids and then repeat testing if there is suspicion of misuse or addiction. ODG Guidelines provide additional details and recommend repeat testing based upon risk stratification. A prior UDS was completed a few months prior to this request and there are no addictive behaviors or issues that would lead to anything other than a low risk stratification. Under these circumstances Guidelines recommend annual testing. Therefore, the request for one urinalysis toxicological evaluation is not medically necessary or appropriate.

Eighteen acupuncture treatments for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend up to six sessions of acupuncture on a trial basis. If there are significant functional benefits limited additional sessions may be appropriate. This request significantly exceeds Guideline recommendations and there are no unusual circumstances to justify an exception to the Guidelines. The request for 18 sessions of acupuncture is not medically necessary.

Six LINT treatments for the lumbar spine: 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 Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: LINT (localized intense neurostimulation therapy) is essentially the same as Electrocutical Therapy. MTUS Guidelines specifically do not recommend this. Therefore, the request for six LINT treatments is not medically necessary or appropriate.

1 Epidural Steroid Injection Lumbar Spine: 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 Epidural Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend a trial of epidural injections unless there is a clear cut clinical radiculopathy that corresponds with objective test results such as MRI testing and/or electrodiagnostics. The most recent MRI studies of the lumbar spine did not reveal any stenosis that supports a radiculopathy. The request does not meet Guideline standards and there are no unique circumstances to justify an exception to the Guideline recommendations. The request for an ESI for the lumbar spine is not medically necessary or appropriate.

One Pain Management Specialist Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Guidelines support referrals if the condition is beyond the management expertise of the physician. Therefore, the request for one pain management specialist evaluation is medically necessary and appropriate.