

Case Number:	CM14-0170229		
Date Assigned:	10/20/2014	Date of Injury:	07/28/2005
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 28, 2005. Thus far, the applicant has been treated with following: Analgesic medications; topical compounds; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of manipulative therapy; unspecified amounts of acupuncture; and unspecified amounts of extracorporeal shockwave therapy. In a progress note dated September 23, 2014, highly template, the applicant reported multifocal complaints of low back and mid back pain, 6 to 8/10. The applicant was given prescriptions for a Ketoprofen-containing topical compounded cream, Cyclobenzaprine-containing topical compounded cream and a suspension of oral Sinopren, a suspension of oral Tabradol, a suspension of oral Deprizine, Dicopanol, and a suspension of Fanatrex (Gabapentin). The note was highly templated and contained very little to no narrative commentary. A pain management consultation was pending. Epidural steroid injection was reportedly pending. The attending provider gave the applicant work restrictions but it was suggested that the employer was unable to accommodate said limitations, resulting in the applicant's removal from the workplace. The applicant received several of the compounds and oral suspensions at issue in an earlier note dated August 15, 2013. On that date, the applicant reported ongoing complaints of low back pain, 7 to 8/10. The applicant was placed off work, on total temporary disability. Dicopanol, Sinopren, the Ketoprofen-containing cream, and other topical compounded creams were endorsed while the applicant was kept off work. In a pharmacy bill dated September 26, 2014, the attending provider stated that he was charging \$488.4 for the Fanatrex oral suspension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 165gm: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, the primary ingredient in the compound at issue, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Cyclobenzaprine 5% cream 100gm: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Deprizine 15mg/ml 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine (Deprizine) are indicated in the treatment of NSAID-induced dyspepsia; in this case, however, the attending provider did not clearly outline the presence of issues associated with NSAID-induced dyspepsia, on any of the progress notes, referenced above. No rationale for selection and/or ongoing usage of Deprizine was furnished by the attending provider. As further noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the

attending provider did not state whether ongoing usage of Deprizine (ranitidine) had proven effectual or not and/or what purpose it was being employed. Therefore, the request is not medically necessary.

Dicopanol 5mg/ml 150ml: 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 MTUS National Library of Medicine (NLM), Diphenhydramine (Dicopanol) Medication Guide

Decision rationale: The MTUS does not address the topic. While the National Library of Medicine (NLM) does acknowledge that Dicopanol (diphenhydramine) is indicated in the treatment of allergic reactions, motion sickness, and/or symptoms of Parkinson's disease, in this case, however, there was no mention of the applicant's having any issues with Parkinsonism, motion sickness, allergic reaction, etc., on either of the progress notes referenced above. Therefore, the request is not medically necessary.

Fanatrex 25mg/ml 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic. Functional Restoration Page(s): 49, 7.

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is the first-line treatment for neuropathic pain, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "cause" and "efficacy" into his choice of recommendations. In this case, the attending provider has not clearly outlined how or if ongoing usage of Fanatrex has proven effective. The applicant does not appear to be working, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Fanatrex (gabapentin). Similarly, the attending provider has likewise failed to incorporate any discussion of cost into his discussion to prescribe Fanatrex. The attending provider has not stated why the \$488.4 Fanatrex oral suspension is preferable to generic Gabapentin capsules. Therefore, the request is not medically necessary.

Unknown prescription of Terocin Patches: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Terocin are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals to justify selection and/or ongoing usage of Terocin. Therefore, the request is not medically necessary.