

Case Number:	CM14-0171338		
Date Assigned:	10/23/2014	Date of Injury:	04/18/2014
Decision Date:	12/02/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 low back pain reportedly associated with an industrial injury of April 18, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for a Ketoprofen containing cream, Cyclobenzaprine containing cream, Synapryn, Tabradol, Deprizine, Dicopanor, and Fanatrex. The claims administrator's report was over 20 pages long and very difficult to follow. The claims administrator suggested that it was basing its decision, in part, on an August 14, 2014 office visit and associated RFA form. The applicant's attorney subsequently appealed. In a September 2, 2014 Doctor's First Report, the applicant reported ongoing complaints of low back pain, 6/10. The applicant was reportedly using naproxen, Tylenol, and Synapryn, it was acknowledged. The applicant had reportedly worked modified duty through September 17, 2014 before being fired by her former employer. Epidural steroid injection therapy was sought on the grounds that the applicant had failed conservative measures. In a July 16, 2014 chiropractic progress note, the applicant was asked to pursue additional manipulative therapy. The applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain radiating into the left leg. In an April 29, 2014 office visit, the applicant was given prescriptions for oral Voltaren and Tizanidine. The remainder of the file was surveyed on several occasions. The file comprised, in large part, of historical Utilization Review Reports. It did not appear that the August 14, 2014 progress note and/or RFA form on which the articles at issue were sought was incorporated into the IMR packet.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 3-1 49. Decision based on Non-MTUS Citation Since this was not clearly a chronic pain case as of the date of the request, August 14, 2014, or as of the date of the Utilization Review Report, September 15, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the ketoprofen containing compound at issue are deemed "not recommended." In this case, there was no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify introduction of the Ketoprofen containing topical compounded cream. The applicant was described on earlier and subsequent progress notes as using a variety of first-line oral pharmaceuticals, including Tizanidine, Naproxen, Tylenol, Voltaren, etc., without any seeming intolerance. Therefore, the request was 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 3-1 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's usage of several first-line oral pharmaceuticals, including Voltaren, Tizanidine, Naproxen, Tylenol, etc., effectively obviates the need for topical analgesics such as the Cyclobenzaprine containing compounded cream at issue here, which is, per ACOEM Chapter 3, Table 3-1, page 49: "Not recommended." Therefore, the request was not medically necessary.

Synapryn 10mg/1ml 500ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide.

Decision rationale: Synapryn, per the National Library of Medicine (NLM), is an oral suspension-amalgam of glucosamine and tramadol. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's prior and/or subsequent usage of multiple first-line oral pharmaceuticals, including naproxen, Tylenol, Voltaren, Tizanidine, etc., effectively obviates the need for the Synapryn oral suspension amalgam. It is further noted that ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of "cost" into his choice of recommendations. The attending provider did not state why the custom compounded Synapryn amalgam was preferable to first-line oral pharmaceuticals which do not require any compounding. While it is acknowledged that the August 14, 2014 progress note in which the article in question was sought was not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.

Tabradol 1mg/1ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Tabradol Medication Guide.

Decision rationale: As noted by the National Library of Medicine (NLM), Tabradol is compounded amalgam of cyclobenzaprine and MSM. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, an attending provider should incorporate some discussion of "cost" into his choice of recommendations. In this case, the attending provider did not furnish any rationale for selection of the compounded Tabradol product in favor of what the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47 deems first-line oral pharmaceuticals. It is further noted that the applicant's prior and subsequent usage of multiple/first-line oral pharmaceuticals, including naproxen, Voltaren, Tizanidine, Tylenol, etc., effectively obviated the need for the Tabradol compound at issue. While it is acknowledged that the claims administrator seemingly failed to incorporate the August 14, 2014 progress note in which the article at issue was sought into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request was not medically necessary.

Deprizine 15mg/ml 250ml: 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 National Library of Medicine, Deprizine Medication

Guide and National Library of Medicine, Ranitidine Medication Guide. Since the MTUS does not address the topic of ranitidine, alternate guidelines were selected. It is noted that, as with the other requests, that this was not a chronic pain case as of the date the articles in question were sought, making it difficult to invoke the MTUS Chronic Pain Medical Treatment Guidelines.

Decision rationale: Deprizine, per the National Library of Medicine (NLM), is a ranitidine containing suspension. While the National Library of Medicine (NLM) does acknowledged that ranitidine is indicted in the treatment of prevention of heartburn, in this case, however, the information on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia for which introduction and/or ongoing usage of ranitidine (Deprizine) would have been indicated. While it is acknowledged that the August 14, 2014 progress note in which the articles in question were sought was not seemingly incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request was not medically necessary.

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

Decision rationale: The MTUS does not address the topic. While the National Library of Medicine (NLM) does acknowledge that diphenhydramine (Dicopanol) is indicated to treat allergic reactions, motion sickness, and/or symptoms of Parkinson's disease, in this case, however, the information on file did not establish the presence of any active issues with allergies, motion sickness, and/or Parkinsonism. While it is acknowledged that the August 14, 2014 progress note in which the articles at issue were sought was not incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request was 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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the request. While the MTUS-adopted ACOEM Guidelines do not specifically address the topic of Fanatrex usage, the MTUS Guideline in ACOEM Chapter 3, page 47 does acknowledge that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. In this case, however, the attending provider did not

state why the brand-name Fanatrex suspension was preferable to generic gabapentin, although it is acknowledged that the August 14, 2014 progress note in which the articles at issue were sought was not incorporated into the Independent Medical Review packet. The information which is on files, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.