MAXIMUS Federal Services

Case Number:	CM14-0020229		
Date Assigned:	04/25/2014	Date of Injury:	10/03/2013
Decision Date:	08/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The patient is an [redacted] employee who has filed a claim for chronic pain associated with an industrial injury of October 03, 2013. Thus far, the patient has been treated with physical therapy, acupuncture, Depirizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and Cyclophene. Review of progress notes reports persistent pain of the head, neck, shoulders, and low back radiating to the left lower extremity. There is radiation of neck pain to the right upper extremity, and right shoulder pain down to the arm. Findings include tenderness of both shoulders, wrists, cervical, thoracic, and lumbar paraspinal muscles, and medial joint line of both knees. Patient has difficulty with heel and toe walking. Lumbar MRI performed January 15, 2014 showed disc bulge at L3-4 with mild central spinal canal stenosis and mild bilateral neuroforaminal narrowing. Cervical MRI showed disc protrusions throughout the mid cervical spine with mild spinal central canal stenosis. Right shoulder MRI from December 07, 2013 showed rotator cuff tendinosis with partial-thickness tear of the supraspinatus tendon. MRI of the left knee from March 11, 2014 showed complex tear of the medial meniscus.Utilization review dated February 12, 2014 indicates that the claims administrator denied a request for compounded Ketoprofen 20% gel, compounded Cyclophane 5% gel, Dicopanol, Depirizine, Fanatrex, Synapryn, and Tabradol as there is insufficient evidence to support the use of these preparations.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED KETOPROFEN 20% GEL, 120 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. MTUS does not support the use of Ketoprofen as a topical NSAID. In this case, injured worker has been on this medication since January 2014. There is no clear indication as to why a topical preparation is necessary in this patient. In addition, Ketoprofen is not recommended for topical use. Therefore, the request for compounded Ketoprofen 20% gel is not medically necessary and appropriate.

COMPOUNDED CYCLOPHENE 5% GEL, 120 GM: 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 Page(s): 112-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. MTUS does not support the use of muscle relaxants as topical medication. The patient has been on this medication since January 2014. There is no rationale as to a topical preparation in this patient. In addition, cyclobenzaprine is not recommended for topical use. Therefore, the request for compounded Cyclophene 5% gel is not medically necessary.

DICOPANOL 150ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 9TH EDITION, CHRONIC PAIN- MEDICAL FOOD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: FDA DIPHENHYDRAMINE.

Decision rationale: The FDA states that diphenhydramine is used to treat occasional sleeplessness and difficulty falling asleep. In this case, the injured worker has been on this medication since January 2014. There is no documentation of sleep difficulties in this patient.

DEPRIZINE 250ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT INDEX, 9TH EDITION. CHRONIC PAIN- MEDICAL FOOD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: FDA DEPIRIZINE.

Decision rationale: The FDA states that Deprizine is used to treat and prevent ulcers in the stomach and intestines. Patient has been on this medication since January 2014. There is no documentation regarding adverse GI symptoms in this patient. In addition, there is no rationale provided for the medical necessity of an oral suspension. Therefore, the request for Deprizine 250ml is not medically necessary and appropriate.

FANATREX 420ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: Fanatrex is Gabapentin with other proprietary ingredients in oral suspension. Gabapentin is used to treat diabetic painful neuropathy and postherpetic neuralgia. In this case, the injured worker has been on this medication since January 2014. There is no documentation regarding these diagnoses in this patient. In addition, there is no rationale provided for the medical necessity of an oral suspension. Therefore, the request for Fanatrex 420ml is not medically necessary and appropriate.

SYNAPRYN 500ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: NATIONAL LIBRARY OF MEDICINE, SYNAPRYN.

Decision rationale: The National Library of Medicine state that this drug has not been found by FDA to be safe and effective, and is not approved by the FDA. In this case, the injured worker has been on this medication since January 2014. There is no clear rationale identifying why a compound/oral suspension (as opposed to the evidence based guidelines supported and FDA approved non-compounded medication) is needed for this patient. Therefore, the request for Synapryn 500ml is not medically necessary and appropriate.

TABRADOL 250ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support a suspension formulation of cyclobenzaprine. In addition, Methylsulfonylmethane (MSM) is not FDA approved. Patient has been on this medication since January 2014. There is no rationale as to why an oral combination suspension is necessary in this patient. Therefore, the request for Tabradol 250 ml is not medically necessary and appropriate.