

Case Number:	CM14-0088821		
Date Assigned:	07/23/2014	Date of Injury:	06/06/2013
Decision Date:	10/07/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 49 year old male was reportedly injured on June 6, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated July 4, 2014, outlined the medical necessity for the medications that were not certified in the preauthorization process. The progress note, dated June 16, 2014, did not offer any clinical information, only the boilerplate narrative relative to the drugs prescribed. A previous progress note indicated there was a traumatic amputation of the distal aspect of the right thumb, and right wrist pain was also noted. The physical examination noted a one and a half inch amputation of the distal aspect of the right thumb, full range of motion of the fist was reported, and decreased sensation. Diagnostic imaging studies objectified a traumatic amputation of the distal aspect of the thumb. Previous treatment included surgical revision and multiple medications. A request was made for multiple medications, a urinalysis toxicology screen and physiotherapy and was not certified in the preauthorization process on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Ketoprofen 20% 120gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): Page 13 of 1.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is not Food and Drug Administration (FDA) approved for a topical application. Furthermore, when noting the injury sustained (amputation), there is no indication of any osteoarthritis. Therefore, based on the parameters noted in the MTUS, this is not clinically indicated.

Compounded Cyclophene 5% 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009 Page(s): Page 112 of 127.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), there is no indication for a topical muscle relaxant medication. The efficacy has not been established. Furthermore, when noting the findings on physical examination (full range of motion of the wrist and thumb), there is no indication for this medication. This is not an analgesic preparation. Therefore, when noting the parameters outlined in the MTUS and by the physical examination findings, there simply is no medical necessity for the continued use of this medication.

Synapryn 10mg 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): Pages 82, 113 of 127.

Decision rationale: This medication is an oral suspension of a centrally acting synthetic opioid analgesic Ultram. When considering that this is a second line medication, there is no definite information presented to suggest a first-line preparation has been used. Furthermore, when considering the injury sustained (amputation), the date of injury, and the current physical examination findings, there is no clinical indication for ongoing need for analgesic medication. Therefore, when considering the parameters noted in the progress notes reviewed and by the Medical Treatment Utilization Schedule (MTUS), this is not medically necessary.

Tabradol 1mg 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants: Page(s): 41, 64 OF 127.

Decision rationale: This is an oral suspension of a cyclobenzaprine. As noted in the Medical Treatment Utilization Schedule (MTUS), the use of skeletal muscle relaxants are indicated in the short term to treat acute issues. However, there is no literature to support long-term use and when noting the possibility of dependence, and by the physical examination reported on the progress notes, there simply is no clinical indication for this preparation. Accordingly, this is not medically necessary.

Deprizine 15mg 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009 Page(s): Pages 67-68 of 127.

Decision rationale: This medication is a compound oral suspension preparation of a proton pump inhibitor. This medication is indicated for the treatment of gastroesophageal reflux disease or as a protectorant for nonsteroidal medications. When noting the date of injury, the injury sustained, and the current physical examination presented for review as well as the specific notation, there were no gastrointestinal complaints or findings on physical examination. There simply is no clinical indication presented for the medical necessity of this operation. Therefore, this is not clinically indicated or medically necessary.

Dicopanol 5mg 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): Page 65 of 127.

Decision rationale: Diphenhydramine (Dicopanol) is an oral suspension compounded medication to treat allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medication is basically an antihistamine; the parameters for antihistamines are not noted and not applicable in this clinical situation. Such a medication is not warranted to treat a distal thumb amputation. This is not medically necessary.

Fanatrex 25mg 420mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 .MTUS (Effective July 18, 2009) Page(s): 16-18 of 127.

Decision rationale: This is an oral suspension compounded medication basically Gabapentin. It is primarily indicated to treat seizures, and off label use has been noted to address neuropathic pain lesion. There are no specific neuropathic lesions identified in the progress notes presented for review. A nociceptive lesion has been identified. Therefore, the medical necessity of this preparation has not been established.

Periodic UA toxicological evaluations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Urine drug screening is a part of the ongoing chronic opioid management protocol. However, there must be clinical indications described as accordingly this is being pursued. Based on the records reviewed, there is no indication of drug diversions, intoxication, illicit drug use or any other parameter. As such, when noting the criterion outlined in the Medical Treatment Utilization Schedule (MTUS), and by the progress notes presented for review, there is no clinical indication or medical necessity for this assessment.

Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines: 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Pages 105, 112 of 127. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. Medical Treatment Utilization Schedule (MTUS) guidelines support topical lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or antidepressants have failed. There is no evidence based recommendation or support for menthol. MTUS guidelines state that topical analgesics are largely experimental and that any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. As such, this request is considered not medically necessary.

Physiotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The records reflect that the engine worker at the scene had a distal amputation of the thumb. There was support in the literature for a course of physical therapy. However, is not clear as to what type of therapeutic interventions and over how long in progress. Therefore, based on the vagueness of the complaint and by the specifics noted in the guidelines, this is not clinically indicated.