

<b>Case Number:</b>	CM14-0099568		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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:

Injured worker is a female with date of injury 5/18/2013. Per special comprehensive primary treating physician's report for established patient dated 6/20/2014, the injured worker complains of burning right knee pain and muscles spasms. She rates the pain as 5-6/10, and describes it as frequent to constant, moderate to severe. The pain is aggravated with squatting, kneeling, ascending or descending stairs, prolonged positioning including weight bearing, standing and walking. She reports that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. On examination of the right knee there is 1+ effusion noted. There is tenderness to palpation over the patello-femoral joint. Range of motion is flexion 105 degrees, and extension -10 degrees. Apley's compression is positive. Bilateral lower extremities have intact sensation to pin-prick and light touch at the L4, L5 and S1 dermatomes bilaterally. Motor strength in the right lower extremity is decreased in the L2, L3, L4, L5 and S1 myotomes secondary to pain. Deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. Vascular pulses are 2+ and symmetrical in the bilateral lower extremities. Diagnoses include 1) right knee derangement of medial meniscus 2) deep vein thrombosis, rule out.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5% cream, qty 100gm: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines do not recommend the use of topical Cyclobenzaprine as there is no evidence for use. The request for Cyclobenzaprine 5% cream, quantity 100gm is not medically necessary.

**Ketoprofen 20% cream, 165gm:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines report that topical Ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. It has an extremely high incidence of photocontact dermatitis. The request for Ketoprofen 20% cream, 165gm is not medically necessary.

**Deprezine (5mg/ml), qty 250ml:** 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 NSAID's, GI Symptoms & Cardiovascular risk Page(s): 68-69.

**Decision rationale:** Deprezine contains ranitidine hydrochloride in an oral suspension. Ranitidine is an H2 receptor antagonist. The guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of a gastrointestinal event as she is 47 years old with no additional criteria as listed in the guidelines. Additionally, the only NSAID that the injured worker has been prescribed is topical Ketoprofen, which alone is not sufficient to support the use of ranitidine. The request for Deprezine (5mg/ml), quantity 250ml is not medically necessary.

**Dicopanol (5mg/ml), qty 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 Official Disability Guidelines (ODG) Pain Chapter, Insomnia section.

**Decision rationale:** Dicopanol is an oral suspension of diphenhydramine, and is prescribed by the treating physician as a sleep aid for insomnia. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. There medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharamacological sleep aid. The request for Dicopanol (5mg/ml), quantity 150ml is not medically necessary.

**Fanatrex (25mg/ml), qty 420ml:** 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 Antiepilepsy Drugs Page(s): 16-19.

**Decision rationale:** Fanatrex is an oral suspension of gabapentin. The MTUS Guidelines recommend the use of antiepilepsy drugs (AEDs) for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The recommended trial period with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. The injured worker reports benefits from her medications, but there is no indication that she is experiencing neuropathic pain. The request for Fanatrex (25mg/ml), quantity 420ml is not medically necessary.

**Synapryn (10mg/ml), qty 500ml:** 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 Opioid Page(s): 82,83,93,94.

**Decision rationale:** Synapryn is an oral suspension of Tramadol. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. There is no medical documentation to support the use of tramadol, or an oral suspension of tramadol, provided by the

requesting provider. The request for Synapryn (10mg/ml), quantity 500ml is not medically necessary

**Tabradol (1mg/ml), qty 250ml:** 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 Cyclobenzaprine Page(s): 41,42,63,64.

**Decision rationale:** Tabradol is Cyclobenzaprine in oral suspension. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The use of cyclobenzaprine is only recommended as an option, using a short course of therapy with the greatest effect in the first 4 days of treatment. The injured worker has pain from an injury that occurred over a year ago, and there is no indication in the history of an acute exacerbation that may benefit from the use of a muscle relaxant. The request for Tabradol (1mg/ml), quantity 250ml is not medically necessary.

**Terocin Patches, quantity unspecified:** Upheld

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

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

**Decision rationale:** Per manufacturer's information, Terocin patch is a combination topical analgesic with active ingredients that include menthol 4% and lidocaine 4%. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Menthol is not addressed by the guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. There is no indication that the injured worker is experiencing neuropathic pain, so medical necessity of this medication is not established. The requests for Terocin Patches, (quantity unspecified) is not be medically necessary.

**Right knee brace (large):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 340.

**Decision rationale:** Per the MTUS Guidelines, a knee brace can be used for patellar instability, anterior cruciate ligament tear or medial collateral ligament instability, although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. The injured worker has an injury to her medial meniscus. The clinical documents do not provide a rationale to establish medical necessity outside of the recommendations of the MTUS Guidelines. The request for Right knee brace (large) is not medically necessary.