

Case Number:	CM14-0216467		
Date Assigned:	01/06/2015	Date of Injury:	09/18/2013
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 was injured on 9/18/2013. The diagnoses are lumbago, lumbar radiculopathy, thoracic sprain, neck sprain, knee and low back pain. On 11/8/2014, Dr. [REDACTED] noted subjective complaints of low back and lower extremities pain. There were associated numbness, burning and tingling sensation in the lower extremities. The pain score was rated at 6-7/10 on a scale of 0 to 10. The patient denied any bowel and bladder problems. The significant objective findings noted were tenderness of the lumbar paraspinal areas and positive McMurray's test. The patient denied any difficulty with prescribed medications. There was no history of difficulty with regular pills formulations of medications or solid oral intake. It was noted that the pharmacist was preparing the liquid medications. There was no medication adverse effect of UDS monitoring noted. A Utilization Review determination was rendered on 12/2/2014 recommending non certification for Ketoprofen 20% cream 165gms, Cyclobenzaprine 5 % cream 100gm, Tabradol oral suspension 250ml, Synapryn oral suspension 500mg, Deprizine oral suspension 250mg, Dicopanol oral suspension 150ml and Fanatrex oral suspension 420ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream, 165gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2NSAIDS Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Pain Chapter NSAIDS Topical Analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of topical NSAIDs is associated with rapid development of tolerance, decreased efficacy and NSAIDs related adverse effects. The records did not show that the patient could not tolerate oral NSAIDs medications. The chronic use of topical ketoprofen if associated with photodermatitis. The criteria for the use of ketoprofen 20% 165gm was not met.

Cyclobenzaprine 5% cream, 100gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is associated with the tolerance, dependency, sedation, addiction, and adverse interaction with opioids and sedatives. The records show that the patient is utilizing multiple formulations of muscle relaxants for periods longer than the maximum recommended 4 weeks duration. There is lack of FDA or guidelines support for the utilization of cyclobenzaprine in topical formulation. The criteria for the use of cyclobenzaprine 5% cream 100gm was not met.

Tabradol oral suspension 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 - TWC, <http://www.drugs.com/cons/fusepaq-tabradol.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short-term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants is associated with the tolerance, dependency, sedation, addiction, and adverse interaction with opioids and sedatives. The records show that the patient is utilizing multiple formulations of

muscle relaxants for periods longer than the maximum recommended 4 weeks duration. There is lack of FDA or guidelines support for the utilization of cyclobenzaprine in topical formulation. The criteria for the use of cyclobenzaprine 5% cream.

Synapryn oral suspension 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opioids. Tramadol Page(s): 11,113,119. Decision based on Non-MTUS Citation Pain Chapter Opioids. Tramadol

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records did not show a severity of pain or significant objective findings consistent with severe pain that did not respond to non opioid medications. The records did not show that the patient could not tolerate regular solid / pills formulations of Tramadol. There is no documentation of guidelines required compliant monitoring measures or functional restoration. The criteria for the use of Synapryn oral suspension 500mg was not met.

Deprizine oral suspension 250mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 66-71. Decision based on Non-MTUS Citation Pain Chapter Gastric Protection H2-Antagonists

Decision rationale: The CA MTUS and the ODG guidelines recommend that prophylaxis for the prevention of gastritis can be utilized in high risk patients during chronic oral NSAIDs treatment. The records did not show that the patient had any risk factors such as a history of peptic ulcer disease, past GI bleed or advanced age. There is no indication that the patient was utilizing chronic oral NSAIDs medications. There is no documentation that the patient had failed to tolerate regular pills formulation of Ranitidine, the active ingredient of Deprizine. The criteria for the use of Deprizine oral suspension 250m was not met.

Dicopanor oral suspension 150ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter Antihistamines

Decision rationale: The CA MTUS did not address the use of H1 -antagonists in chronic pain treatment. The ODG guidelines did not recommend that chronic use of H1-antagonists. The chronic use of antihistamines is associated with increased risk of tolerance, dependency and adverse interaction with other sedatives. The records show that the patient is utilizing Dicopanol that contains diphenhydramine as the active ingredient. There is no documentation for the indication for the use of Dicopanol. The patient is utilizing multiple sedative medications concurrently further increasing the risk of sedation and adverse medication interactions. The criteria for the use of Dicopanol suspension 150ml was not met.

Fanatrex oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2Anticonvulsants Page(s): 16-22. Decision based on Non-MTUS Citation Pain Chapter Anticonvulsants

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsant medications can be utilized for the treatment of neuropathic and radicular pain. The records show that the patient had subjective and objective findings consistent with neuropathic type pain. There is burning, tingling and numbness associated with the pain complaints. There is no documentation that the patient cannot tolerate or have failed oral pills formulation of gabapentin, the active ingredient of Fanatrex. There is no documentation of titration of medication dosage, efficacy and compliance of the gabapentin with the use of this oral suspension formulation. The criteria for the use of Fanatrex oral suspension 420 ml was not met.