

Case Number:	CM14-0218325		
Date Assigned:	01/08/2015	Date of Injury:	08/21/2014
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is an eighteen-year-old male with a work-related injury dated August 21, 2014. The documentation of the physician's visit dated November 12, 2014 reflected that the worker was complaining of left shoulder pain. The pain was further characterized as burning and radiating down the arm to the fingers and was accompanied by muscle spasms. Physical exam was remarkable for reduced range of motion of the left shoulder, tenderness at the deltoid and subscapular muscle on the left side, decreased sensation over the C5, C6, C7, C8 and T1 dermatomes on the left, motor extremity of the left upper extremity was rated a four on a scale of 5. Per the authorization, requested dated November 12, 2014 the worker had the following diagnoses muscles spasms, insomnia and chronic neuropathic pain. The utilization review decision December 14, 2014 non-certified the following requests: 1. 18 shockwave therapy sessions, 2. prescription for Terocin patches, 3. one prescription of Ketoprofen 20percent 165 grams, 3. one prescription of Cyclobenzaprine five percent 100 grams, 4. one prescription of Synapryn 10mg/1mg oral suspension 250ml, 5. Tabradol 1mg/1ml oral suspension, 6. one prescription Deprizine 5mg/1ml oral suspension 250ml, 7. Dicopanl 5mg/ml/ml 150ml and 8. one prescription Fanatrex 25mg/ml 420ml. The shock wave therapy was denied as not warranted. Guidelines reflect that the therapy may be indicated in initial conservative therapy and useful for calcification and tendinopathies and the documentation does not support this therapy for the worker's condition. The topical compound were denied based on the Ca MTUS Chronic Pain Treatment Guidelines which state there is little research to support the use of these medications and it is also not indicated in cases where the pain had not been controlled with

conventional therapy. The guidelines further reflect that there is no evidence of the use of any other muscle relaxant in the form of a topical cream. The Synapryn, Deprizine, Dicopanol and Tabrodol suspensions were denied based on the lack of guidelines to support the use and patient safety of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen shockwave therapy sessions to the left shoulder: 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 Shockwave Therapy- Shoulder Chapter

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for 18 shockwave therapy sessions. The treating physician states that the "patient dislocated their shoulder and that a friend (yanked on it a few times) and got it back in. The x-ray of the shoulder did not show acute dislocation or fracture. There is a question of abnormality on the acromioclavicular joint, however direct palpation of this area elicits no tenderness." (11) The online ODG guidelines state, "Recommended for calcifying tendinitis but not for other shoulder disorders." In this case, the treating physician has not documented that the patient has calcific tendonitis. The current request is not medically necessary and the recommendation is for denial.

An unknown prescription of Terocin patches: Upheld

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

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

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for prescription for Terocin patches for an unknown amount. In the medical records provided for review, there is not a specific request for the Terocin patches. Terocin is a compounded medication, which includes Lidocaine, Capsaisin, Salicylates and Menthol. The MTUS guidelines on topical lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." In this case, the treating physician has not provided a quantity making this request invalid. The current request, as written, is not medically necessary and the recommendation is for denial.

Ketoprofen 20% cream, 165 grams: Upheld

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

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

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for one prescription of Ketoprofen 20percent 165 grams. The treating physician states, "Apply thin layer to affected area." (43) MTUS Guidelines only support use of NSAID topicals for peripheral arthritis and tendonitis. In this case, the treating physician has not documented that the patient has tendonitis. MTUS guidelines also state, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." The current request is not medically necessary and the recommendation is for denial.

Cyclobenzaprine 5% cream, 100 grams: Upheld

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

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

Decision rationale: The patient presents with pain affecting is left shoulder. The current request is for one prescription of Cyclobenzaprine five percent 100 grams. The treating physician states, "Apply thin layer to affected area." (43) The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the treating physician has prescribed a topical analgesic that contains a muscle relaxant and MTUS does not support muscle relaxants in topical formulation. The current request is not medically necessary and the recommendation is for denial.

Synapryn 10 mg/1 ml, 500 mg: 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 Tramadol Page(s): 74-96 and 113.

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for one prescription of Synapryn 10mg/1mg oral suspension 250ml. Synapryn is an oral suspension that contains tramadol and glucosamine as well as other proprietary ingredients. The treating physician states, "3 times a day as directed." (23) The MTUS Guidelines do support Tramadol for chronic moderately severe pain, but it is not recommended as a first-line oral analgesic. In this case, the treating physician has prescribed this compounded medication that includes Tramadol as a first line oral analgesic for an acute injury which is not supported by the

MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.

Tabradol 1 mg/1 ml, 250 mg: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for Tabradol 1mg/1ml oral suspension. The treating physician states, "2-3 times a day. Tabradol contains cyclobenzaprine, methylsulfonymethane and other proprietary ingredients." (23) The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. In this case, the treating physician has not documented an acute flare up requiring a short course (2-3 weeks) of treatment. MTUS does not support long term usage of cyclobenzaprine. The current request is not medically necessary and the recommendation is for denial.

Deprizine 5 mg/1 ml, 250 mg: 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 NSAIDs, GI Symptoms Page(s): 68-69.

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for one prescription Deprizine 5mg/1ml oral suspension 250ml. The treating physician states, "10ml once daily. Deprizine contains ranitidine and other proprietary ingredients." (22) The MTUS guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." However, the patient does not have dyspepsia with NSAID. MTUS also requires documentation of GI risk assessment such as age 64, concurrent use of ASA, anticoagulant, history of peptic ulcer disease, etc., for prophylactic use of PPI. In this case, the treating physician has not documented that the patient has had any GI complaints or that the patient is at risk for GI complications. The current request is not medically necessary and the recommendation is for denial.

Dicopanol (Diphenhydramine) 5 mg/ml, 150 ml: Overturned

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 Pain chapter online for Insomnia treatment

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for Dicopanol 5mg/ml, 150ml. The treating physician states, "1 ml po at bedtime. Dicopanol contains diphenhydramine and other proprietary ingredients." (22) The ODG guidelines state, "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days." In this case, the current request is medically necessary and the recommendation is for authorization.

Fantarex (gabapentin) 25 mg/ml, 420 ml: Overturned

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
Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with pain affecting his left shoulder. The current request is for one prescription Fanatrex 25mg/ml 420ml. The treating physician states, "5 ml (1tsp) tid. Fanatrex contains gabapentin and other proprietary ingredients." (22) The MTUS guidelines state, "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." In this case, the treating physician report provided indicates the patient is just starting this medication, neuropathic pain is present, and the medication is recommended by MTUS. The current request is medically necessary and the recommendation is for authorization.