

<b>Case Number:</b>	CM14-0055015		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of psychotherapy; topical compounds; and the apparent imposition of permanent work restrictions. The claims administrator failed to approve requests for several oral suspensions and topical compounds through the Utilization Review Report of March 25, 2014. The applicant's attorney subsequently appealed. A Doctor's First Report of February 27, 2014 and an RFA of March 22, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. The file was surveyed on several occasions. It did not appear that the February 27, 2014 DFR on which the article in question was sought was incorporated into the Independent Medical Review packet. On February 7, 2013, the applicant received a shoulder corticosteroid injection and 12 sessions of physical therapy. On August 30, 2011, the applicant was using Motrin and Zanaflex for pain relief, it was acknowledged. The bulk of the progress notes issues by various providers did not contain any references to medication selection or medication efficacy. The applicant's medication list was specified on relatively small number of office visits on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cyclopene 5% in PLO Gel 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation ODG Pain (updated 03/18/14) - Compound drugs

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, it is further noted, clearly outline why first-line oral pharmaceuticals could not be employed here. Therefore, the request was not medically necessary.

**Synapryn 10mg/1ml Oral Suspension 500ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide

**Decision rationale:** While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines notes that glucosamine is indicated in the treatment of arthritis and, in particular, that associated with knee arthritis, in this case, however, the progress notes on file contained no mention of the applicant's carrying a diagnoses of arthritis and/or knee arthritis for which usage of glucosamine could have been supported. Since the glucosamine ingredient in the amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request was not medically necessary.

**Tabradol 1mg/ml Oral Suspension 250 ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Antispasmodics: Cyclobenzaprine Page.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Tabradol Medication Guide

**Decision rationale:** Tabradol, per the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain Medical Treatment

Guidelines notes that muscle relaxants such as cyclobenzaprine are not recommended for compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Compound Ketoprofen 20% in PLO Gel 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Ketoprofen Page(s): 111-112. Decision based on Non-MTUS Citation ODG Pain (updated 03/18/14) - Compound drugs

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.