

Case Number:	CM15-0116626		
Date Assigned:	06/30/2015	Date of Injury:	01/27/2014
Decision Date:	09/01/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 injured worker is a 59 year old female, who sustained an industrial injury on 1/27/2014. She reported a slip and fall, landing on her back, and fracture of her outstretched right hand. The injured worker was diagnosed as having right wrist/hand sprain/strain, rule out right wrist internal derangement, status post right wrist/hand surgery, status post right wrist fracture. Treatment to date has included right wrist surgery, x-rays, pain injection, bracing, physical therapy, magnetic resonance imaging of right wrist (4/22/2014), and medications. The request is for Ketoprofen 20% cream; Cyclobenzaprine 5% cream; Synapryn oral suspension; Tabradol oral suspension; Deprizine oral suspension; Dicopanor oral suspension; Fanatrex oral suspension; and up to 3 shockwave therapy treatments. A QME report dated 2/6/2015, recommended physical therapy, acupuncture, medications, x-rays, surgery for potential hardware removal, and potential orthopedic evaluations. On 3/10/2015, a PR-2, noted she was seen after right wrist surgery and rated her pain 7-8/10. On 4/14/2015, her pain is rated 7/10. On 5/12/2015, a PR-2 indicated she was seen for follow up and is status post right wrist surgery with residual pain. She described the pain as constant, moderate to severe. She rated the pain 7/10, and indicated it to be aggravated by gripping, grasping, reaching, pulling, and lifting, and associated with numbness, weakness, and tingling of the hand and fingers. She reported her symptoms to be temporarily relieved by medications, and denied any problems with medications. Physical examination revealed mild swelling, a well healed surgical scar, tenderness over the wrist area, and decreased ranges of motion. She is also noted to have a diminished sensation in the cervical dermatomes for the right upper extremity. The treatment plan included: continuation of medications which

are noted to be Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The work status is to remain off work until 6/9/2015. The records indicate she has been utilizing Dicopanol, Deprizine, Fanatrex, Tabradol, Synapryn, Ketoprofen cream, and Cyclobenzaprine since at least December 2014, possibly longer. The records included letters of medical necessity for the requested medications, which explain what each medication is, and what their general use is.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% cream 167gm: 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; Functional restoration approach to chronic pain management Page(s): 111-113, 8-9.

Decision rationale: The CA MTUS recommend topical analgesics as an option, primarily for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Ketoprofen is considered a non-steroidal anti-inflammatory drug (NSAID), and per the CA MTUS guidelines it is a non-FDA approved agent for topical application. The records indicate the injured worker has been utilizing Ketoprofen cream since at least December 2014. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment efficacy is accomplished by reporting functional improvement. The records indicate she remains off work. The records do not indicate a trial and/or failure of anti-depressants and anti-convulsants. In addition, Ketoprofen is not FDA approved for topical application. Therefore, the request for Ketoprofen 20% cream is not medically necessary.

Cyclobenzaprine 5% cream 110gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration approach to chronic pain management; Topical analgesics Page(s): 8-9, 111-113.

Decision rationale: According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Cyclobenzaprine is considered to be a muscle relaxant. The CA MTUS indicates there is no evidence for use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not FDA approved for topical use. Therefore, the request for Cyclobenzaprine 5% cream 110 gm is not medically necessary.

Synapryn 10mg/1ml oral suspension 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 Opioids; Glucosamine (and Chondroitin Sulfate) Page(s): 50, 74-96. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Per Drugs.com, Synapryn is a suspension containing Tramadol, and Glucosamine Sulfate. The CA MTUS guidelines recommend Glucosamine (and Chondroitin Sulfate) as an option for patients with moderate arthritis pain, especially for knee osteoarthritis. Tramadol is considered an opioid. Opioids may be considered for chronic pain, neuropathic pain, osteoarthritis, and for cancer pain. The records indicate in this case the injured worker has been utilizing Synapryn since at least December 2014, possibly longer. Ongoing management for opioids should include the injured workers response to treatment. This includes assessment for pain, functional status, appropriate medication use, and medication side effects. Assessments should include the patients current pain, least reported pain over a period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. In this case, there is no change in pain level which remained at least 7/10 for several months. There is no indication of how long pain relief was with Synapryn, or the intensity of her pain after its utilization. Therefore, the request for Synapryn 10mg/1 ml oral suspension 500 ml is not medically necessary.

Tabradol 1mg/ml oral suspension 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 MSM (methylsulfonylmethane); Muscle relaxants; Cyclobenzaprine; Drugs.com Page(s): 63-66, 41-42. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Drugs.com states, Tabradol is a medication containing Methylsulfonylmethane and Cyclobenzaprine. Per Drugs.com, "MSM is commonly used for osteoarthritis, but may also benefit in alleviating GI upset, musculoskeletal pain, and allergies; boosting the immune system; and fighting antimicrobial infection". Per Drugs.com Cyclobenzaprine is a muscle relaxant. The CA MTUS guidelines recommend Cyclobenzaprine as an option for short term therapy, and consider it more effective than placebo in the management of back pain, noting the greatest effect in the first 4 days of treatment. The records indicted in this case that the injured worker has been utilizing Tabradol since at least December 2014, thus being utilized in excess of the short term course of treatment recommended by the CA MTUS guidelines. Additionally, there was no notation of muscle spasm on examination. Therefore, the request for Tabradol 1mg/ml oral suspension 250 ml is not medically necessary.

Deprizine 15mg/ml oral suspension 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 Deprizine, Drugs.com; NSAIDs, GI symptoms & cardiovascular risk; Page(s): 68. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: Drugs.com indicates this medication (Deprizine) is an oral suspension medication containing Ranitidine Hydrochloride, used to treat gastroesophageal reflux disease, or duodenal ulcers. The CA MTUS guidelines recommend with precautions the use of NSAIDs with a PPI (proton pump inhibitor) for patients at intermediate risk for gastrointestinal events and no cardiovascular disease. The records do not indicate the injured worker to have issues regarding her gastrointestinal system, and the provider has not indicated her to be diagnosed with acid reflux and/or gastritis. Therefore, the request for Deprizine is not medically necessary.

Dicopanol 5mg/ml oral suspension 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 treatment - Diphenhydramine and Other Medical Treatment Guidelines Drugs.com.

Decision rationale: Drugs.com indicates Dicopanol to be a suspension medication containing Diphenhydramine (Benadryl). The MTUS is silent regarding Diphenhydramine. The ODG guidelines indicate Diphenhydramine to be utilized for the treatment of insomnia, and do not recommend it. The ODG states that sedating anti-histamines are not recommended for long term treatment of insomnia. The records do not indicate the injured worker to have insomnia. There is note regarding sleep problems, however this is not defined or assessed within the records provided for this review. Therefore, the request for Dicopanol 5 mg/ml oral suspension 150ml is not medically necessary.

Fanatrex 25mg/ml oral suspension 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 Anti-epilepsy drugs (AEDs); Gabapentin (Neurontin); Functional restoration approach to chronic pain management Page(s): 16-22, 8-9, 49. Decision based on Non-MTUS Citation Drugs.com - Fanatrex.

Decision rationale: Drugs.com indicates Fanatrex is an oral suspension also known as Gabapentin. The CA MTUS chronic pain guidelines note Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The CA MTUS guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The CA MTUS guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The CA MTUS also states that when prescribing controlled substances for pain a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records do not indicate a history of seizures, fibromyalgia, lumbar spinal stenosis, diabetic neuropathy, post-herpetic neuralgia or neuropathic pain. The records indicate she has been utilizing Fanatrex since at least December 2014. The records do not indicate a decreased level of pain, increased level of function, or improved quality of life with the use of Fanatrex. Therefore, the request for Fanatrex 25ml/ml oral suspension 420 ml is not medically necessary.

Shockwave therapy, up to 3 treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 29, 253, 371.

Decision rationale: The CA MTUS and ODG guidelines do not support the use of extracorporeal shockwave therapy (ESWT) in the management of wrist/hand conditions. The CA MTUS states "there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with a forearm stretching program and treating with a forearm stretching program alone, with respect to resolving pain", additionally there is "no added benefit of ESWT over that of placebo in the treatment of LE (lateral epicondylitis)". The records do not indicate electrodiagnostic studies were completed for the right wrist. Therefore, the request of shockwave therapy, up to 3 treatments is not medically necessary.