

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0122781 |                              |            |
| <b>Date Assigned:</b> | 07/07/2015   | <b>Date of Injury:</b>       | 03/19/2011 |
| <b>Decision Date:</b> | 08/04/2015   | <b>UR Denial Date:</b>       | 06/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2015 |

### 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: Texas, New York, 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 50-year-old [REDACTED] beneficiary who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of March 19, 2011. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for ketoprofen containing topical compounded cream and a Synapryn suspension. The claims administrator referenced a progress note associated with an RFA form of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On an April 30, 2015 RFA form, the attending provider sought authorization for a number of topical compounded and oral suspensions, including the Synapryn suspension and ketoprofen-containing topical compound at issue. In an associated progress note of the same date, April 30, 2015, the applicant reported ongoing complaints of ankle pain, 7/10, moderate-to- severe, exacerbated by kneeling, squatting, and negotiating stairs. The applicant was placed off of work, on total temporary disability, while the topical compounds and oral suspensions in question were prescribed and/or dispensed, seemingly without any discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 20% cream, 167 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** No, the request for a ketoprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. 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 application 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, furthermore, furnish a clear or compelling rationale for provision of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical compounds such as agent in question in favor what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals. Therefore, the request is not medically necessary.

**Synapryn 10mg/1ml oral suspension 500ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate); Opioids for neuropathic pain Page(s): 50, 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate Page(s): 50. Decision based on Non-MTUS Citation SYNAPRYN - DailyMed [dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...SYNAPRYN](http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...SYNAPRYN) (tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit) When compounded according to directions, this kit makes 500 mL of an oral suspension containing 10 mg/mL tramadol hydrochloride with glucosamine.

**Decision rationale:** Similarly, the request for a Synapryn suspension was likewise not medically necessary, medically appropriate, or indicated here. Synapryn, per the [REDACTED] [REDACTED] is an amalgam of tramadol and glucosamine. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended in the treatment of moderate arthritis pain, especially that associated with knee arthritis, here, however, there was no mention of the applicant's carrying an active diagnosis of arthritis or knee arthritis for which the glucosamine component of the amalgam would have been indicated. Since the glucosamine component of the amalgam is not recommended, the entire compound is not recommended. Therefore, the request was not medically necessary.