

Case Number:	CM15-0141000		
Date Assigned:	09/18/2015	Date of Injury:	08/12/2014
Decision Date:	11/10/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 injured worker is a 45-year-old male who sustained industrial injuries August 12, 2014. Diagnoses have included headaches; cervical spine sprain, degenerative disc disease, herniated nucleus pulposus, Schnorl's nodes, and radiculopathy; right shoulder pain and rule out impingement; thoracic spine sprain, herniated nucleus pulposus, hemangioma, and degenerative disc disease; right elbow pain; sleep disorder; mood disorder; and, anxiety. Documented treatment includes shockwave therapy noted as helpful, and medication which provides "temporary relief of pain" and assists with sleep. The injured worker continues to report "burning" pain in his neck, right shoulder, right elbow, mid back, and low back. Neck and shoulder pain radiates down his right arm to the fingers including numbness and tingling and is aggravated by gripping, grasping, reaching, pulling, lifting, and performing activities above the shoulder level. Elbow pain is constant and rated at 5 out of 10 and also aggravated by similar activities. Back pain is constant at 3-4 out of 10 aggravated by sitting, standing, walking and bending, as is the low back, but that is rated at 6 out of 10 and becomes worse with moving from sitting to standing, walking up or down stairs, and when standing, walking, and stooping. Activities of daily living are noted to make symptoms worse. Range of motion is documented as being below what the physician states as normal levels in the cervical spine, flexion, extension and abduction of the right shoulder, right elbow flexion, and both thoracic and lumbar spinal areas. Palpable tenderness was noted at all sites. The treating physician's plan of care includes Tabradol, Deprizine, Dicopanol, Fanatrex, Terocin patches, Ketoprofen 20 percent cream, Cyclobenzaprine 5 percent cream, and synapryn. Request was also submitted for 3 shockwave

therapy sessions for the right shoulder and elbow, and 6 LINT treatments for the lumbar and thoracic spine. This was all denied July 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/ml oral suspension 250ml: 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 (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Tabradol 1mg/ml oral suspension 250ml 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Deprizine 15mg/ml oral suspension 250ml is not medically necessary.

Dicopanol (Diphenhydramine) 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 (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml is not medically necessary.

Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml: 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 (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml is not medically necessary.

Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The active ingredients of Terocin patches are menthol 4% and lidocaine 4% and is classified as a topical analgesic. The MTUS does not recommend topical analgesics

unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Terocin patches are not medically necessary. Terocin patches are not medically necessary.

Shockwave therapy x 3 for the right shoulder and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: According to the Official Disability Guidelines, limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Shockwave therapy x 3 for the right shoulder and elbow is not medically necessary.

LINT x 6 for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Localized intense neurostimulation therapy (LINT), Pain (Chronic).

Decision rationale: There is no documentation that LINT is to be used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. Therefore, this request is not medically reasonable and necessary at this time. LINT x 6 for the lumbar spine is not medically necessary.

LINT x 6 for the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Localized intense neurostimulation therapy (LINT), Pain (Chronic).

Decision rationale: There is no documentation that LINT is to be used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including

therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. Therefore, this request is not medically reasonable and necessary at this time. LINT x 6 for the thoracic spine is not medically necessary.

Ketoprofen 20% cream 167gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Ketoprofen 20% cream 167gm is not medically necessary.

Cyclobenzaprine 5% cream 110gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine 5% cream 110gm is not medically necessary.

Synapryn 10mg/ml oral suspension 500ml: 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 (Chronic), Compound drugs.

Decision rationale: The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Synapryn 10mg/ml oral suspension 500ml is not medically necessary.

