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| Case Number: | CM15-0146231 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 12/03/2013 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 07/15/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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:

This 32 year old male sustained an industrial injury to multiple body parts on 12-3-13. Electromyography and nerve conduction velocity test of bilateral upper extremities (8-21-14) and lower extremities (9-4-14) was normal. Magnetic resonance imaging cervical spine (2-17-14) showed multilevel disc desiccation. Magnetic resonance imaging thoracic spine (2-17-14) was normal. Magnetic resonance imaging lumbar spine (2-17-14) showed disc desiccation at L4-5 with disc protrusion. Previous treatment included chiropractic therapy, physical therapy, acupuncture and medications. Documentation did not disclose the number of previous therapy sessions. In a PR-2 dated 1-30-15, the injured worker complained of pain to the neck with muscle spasms, left shoulder with radiation down the arm and fingers with spasms, left elbow pain with muscle spasms, left long finger pain associated clicking and locking, left rib pain, mid back pain with muscle spasms, low back pain with muscle spasms, bilateral hip pain with muscle spasms, left knee pain and left ankle pain. The injured worker rated his pain 5 to 9 out of 10 on the visual analog scale. The injured worker stated that medications offered temporary relief of pain and improved his ability to have restful sleep. Current diagnoses included jaw pain rule out temporomandibular joint disorder, rule out cervical disc displacement, cervical spine radiculopathy, ribs sprain, left shoulder pain, left elbow sprain, long finger injury, thoracic spine sprain and strain, lumbar radiculopathy, bilateral hip sprain and strain, left knee sprain, rule out internal derangement of left knee, left ankle disorder and respiratory difficulty. The treatment plan included medications (Terocin patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen and Menthol), electromyography and nerve conduction

velocity test of bilateral upper and lower extremities, a functional capacity evaluation and a course of physical therapy, chiropractic therapy and acupuncture. On 7-15-15, Utilization Review noncertified requests for Deprizine, Dicopanol, Fanatrex, Synapryn and Tabradol noting lack of documentation of the injured worker's inability to swallow pills. Utilization Review noncertified a request for Capsaicin noting lack of documentation of failure of first line treatments. Utilization Review noncertified a request for Flurbiprofen noting CA MTUS Chronic Pain Medical Treatment Guidelines for short term use only. Utilization Review noncertified a request for Menthol noting lack of documentation of attempts at standard treatment options. Utilization Review noncertified a request for Cyclobenzaprine noting lack of evidence to support application of topical muscle relaxants. Utilization Review noncertified a request for Terocin patches noting that the patch contained several ingredients not appropriate for the patient. Utilization Review noncertified a request for Gabapentin stating that CA MTUS Chronic Pain Medical Treatment Guidelines did not recommend Neurontin as a topical product. Utilization Review noncertified a request for a functional capacity evaluation noting lack of documentation of consideration for a work hardening program. Utilization Review noncertified a request for electromyography and nerve conduction velocity test of bilateral upper and lower extremities noting lack of documentation of a deterioration in the injured worker's condition. 18 sessions of physical therapy, 18 acupuncture visits and 18 chiropractic therapy sessions noting lack of documentation of previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Deprizine: 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. Unknown prescription of Deprizine is not medically necessary.

Unknown prescription of Dicopanol: 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. Unknown prescription of Dicopanol is not medically necessary.

Unknown prescription of Fanatrex: 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. Unknown prescription of Fanatrex is not medically necessary.

Unknown prescription of Synapryn: 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. Unknown prescription of Synapryn is not medically necessary.

Unknown prescription of Tabradol: 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. Unknown prescription of Tabradol is not medically necessary.

Unknown prescription of Capsaicin: 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): Capsaicin, topical.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. As such, this request is not medically appropriate. Unknown prescription of Capsaicin is not medically necessary.

Unknown prescription of Flurbiprofen: 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. Flurbiprofen topical is not supported by the MTUS. Unknown prescription of Flurbiprofen is not medically necessary.

Unknown prescription of Menthol: Upheld

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

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

Decision rationale: The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Menthol. Unknown prescription of Menthol is not medically necessary.

Unknown prescription of Cyclobenzaprine: Upheld

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

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. Unknown prescription of Cyclobenzaprine is not medically necessary.

Unknown prescription of 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: According to the MTUS, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In addition, 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. Unknown prescription of Terocin patches is not medically necessary.

Unknown prescription of Gabapentin: 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Unknown prescription of Gabapentin is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues, and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Functional capacity evaluation is not medically necessary.

EMG/NCV of the bilateral upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Electromyography (EMG).

Decision rationale: EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. This patient carries a diagnosis of cervical radiculopathy. EMG/NCV of the bilateral upper and lower extremities is not medically necessary.