

Case Number:	CM15-0170169		
Date Assigned:	09/17/2015	Date of Injury:	07/09/2013
Decision Date:	11/10/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female sustained an industrial injury on 7-9-13. Documentation indicated that the injured worker was receiving treatment for pain to multiple body parts. Previous treatment included physical therapy, shockwave therapy and medications. Magnetic resonance imaging cervical spine (6-12-15) showed multilevel broad based disc herniations with narrowing of the neural foramen. Magnetic resonance imaging lumbar spine (9-30-13) showed disc desiccation at L2-3 and L5-S1 with endplate degenerative changes at L2-3. In a PR-2 dated 6-18-14, the injured worker complained of pain to the neck, right shoulder, right elbow, right wrist, right middle finger, low back, right hip and bilateral knees, rated 6 to 8 out of 10 on the visual analog scale, associated with muscle spasms. The treatment plan included prescriptions for Ketoprofen cream, Cyclobenzaprine cream, Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex. In a PR-2 dated 7-15-15, the injured worker complained of pain to the neck, right shoulder, right elbow, right wrist, right middle finger, low back, right hip and bilateral knees associated with headaches and muscle spasms, rated 6 to 7 out of 10. The injured worker also complained of gastrointestinal problems. The injured worker stated that medications provided temporary relief of pain and improved her ability to have restful sleep. The treatment plan included continuing physical therapy, physiotherapy, acupuncture and chiropractic therapy; for the chiropractic therapy, lumbar spine and bilateral knees three times a week for six weeks, continuing shockwave for bilateral knees six sessions, a psychology consultation, an orthopedic surgeon consultation, a functional capacity evaluation, electromyography and nerve conduction velocity test bilateral upper extremities, continuing with three sets of protein rich plasma injections for

bilateral knees and medications (Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine cream and Ketoprofen cream). On 8-17-15, Utilization Review noncertified a request for Cyclobenzaprine 5% cream 110 gm, Synapryn 10mg-ml oral suspension 500ml, Tabradol 1mg-ml oral suspension 250ml and Ketoprofen 20% cream 167gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 Percent Cream 110 Gram TID: 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: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. The requested medication contains topical Cyclobenzaprine; this is not supported for topical use by the California MTUS. There are no extenuating factors documented to warrant non-adherence to guidelines. Medical necessity is not established. Therefore, the request is not medically necessary.

Synapryn 10 MG/ML Oral Suspension 500 ML TID: 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): Opioids, criteria for use.

Decision rationale: Synapryn contains Tramadol and Glucosamine, as well as other proprietary ingredients. The California MTUS guidelines allows for the use of opioid medications, such as Synapryn, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is no mention of how Synapryn has helped reduce pain using validated pain scores, or improve ADLs/function. Pain is still moderate to severe, despite medications, as noted on most recent PR-2. Without the above issues addressed, this request cannot be supported and as such, the request is not medically necessary.

Tabradol 1 MG/ML Oral Suspension 250 ML: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Tabradol contains Cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. The MTUS states that Cyclobenzaprine treatment should be brief, with a short course of therapy. Additionally, the MTUS states that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the submitted records, it is not made entirely clear why there are separate requests for oral and topical Cyclobenzaprine. Long-term use of oral Cyclobenzaprine is not recommended. This request is not medically necessary.

Ketoprofen 20 Percent Cream 167 Gram TID: 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: Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. There is no supporting documentation for Ketoprofen use within the records submitted. Furthermore, the FDA does not support Ketoprofen due to high incidence of photo contact dermatitis. This request is not medically necessary.