

Case Number:	CM15-0025313		
Date Assigned:	02/17/2015	Date of Injury:	03/31/2006
Decision Date:	05/28/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, Michigan

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 46 year old female, who sustained a work related injury on 3/31/06. The diagnoses have included cervicalgia, status post lumbar spine laminectomy with residual pain, lumbar radiculopathy and post traumatic stress disorder (PTSD). Treatments to date have included activity modification, oral medications, epidural injections, acupuncture and physical therapy. In the PR-2 dated 1/13/15, the injured worker complains of burning, radicular neck pain and muscle spasms. She rates the pain an 8/10. The pain is made worse by any range of motion with neck. She also complains of residual lumbar spine surgery pain and a burning sensation. She has numbness, tingling and pain that radiates down both legs, left greater than right. The lumbar pain is made worse with activity. She has tenderness to palpation of neck muscles and lumbar spine musculature. She has decreased range of motion in neck and low back. On 2/3/15, Utilization Review non-certified requests for Ketoprofen 20% cream 167 gms., Cyclobenzaprine 5% cream 110gms., Synapryn 10mg/ml 500ml., Tabradol 1mg/ml 250ml., and Deprizine 15mg./ml 250mls. The California MTUS, Chronic Pain Treatment Guidelines, and non-MTUS were cited.

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 compound.

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also Ketoprofen is not currently FDA approved for a topical application, it has an extremely high incidence of photocontact dermatitis. Therefore based on the guidelines the request for Ketoprofen 20% cream 167 grams is not medically necessary.

Cyclobenzaprine 5% cream 110 grams: Upheld

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

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

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, also there is no evidence for use of muscle relaxants as a topical product. Therefore based on the guidelines the request for cyclobenzaprine 5% cream 110 grams is not medically necessary.

Synapryn 10mg/ml 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 Tramadol (Ultram).Glucosamine (and Chondroitin Sulfate) Page(s): 113, 50.

Decision rationale: Synapryn is tramadol compounded with glucosamine as an oral suspension.. Per the MTUS, tramadol is a centrally acting opioid analgesic and it is not recommended as a

first line oral analgesic. Glucosamine is recommended in the treatment of patients with moderate arthritis especially for knee arthritis. However the MTUS/ ACOEM did not address the use of Synapryn in the treatment of chronic pain. Therefore other guidelines were consulted. Neither the ODG nor the NGC also address the use of tramadol compounded with glucosamine as an oral suspension. A review of the injured workers medical records show that she is able to tolerate other oral medications and there is nothing in her clinical presentation that necessitates the use of an oral suspension, Therefore the request for Synapryn 10mg/ml 500ml is not medically necessary.

Tabradol 1mg/ml 250 ml: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Tabradol 1mg/ml 250 ml oral suspension is cyclobenzaprine compounded with methylsulfonylmethane. Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. However a review of the MTUS, ACOEM, ODG and NGC did not reveal any discussion on Tabradol. A review of the injured workers medical records show that she is able to tolerate other oral medications and there is nothing in her clinical presentation that necessitates the use of an oral suspension, therefore the request for Tabradol 1mg/ml 250 ml is not medically necessary.

Deprizine 15mg/ml 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 NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Deprizine 15mg/ml 250ml is a compounding kit for ranitidine hydrochloride, which is a Histamine 2 receptor antagonist. Per the MTUS, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, it should be determined if the patient is at risk for gastrointestinal events following specific criteria as listed in the MTUS and appropriate steps should be taken to protect the GI tract as described in the MTUS. A review of the injured workers medical records show that she is able to tolerate other oral medications and there is nothing in her clinical presentation that necessitates the use of an oral suspension, therefore the request for Deprizine 15mg/ml 250ml is not medically necessary.