MAXIMUS Federal Services

Case Number:	CM15-0048138		
Date Assigned:	03/20/2015	Date of Injury:	12/28/2013
Decision Date:	05/26/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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:

The injured worker is a 57 year old female, who sustained an industrial injury on December 28, 2013. The mechanism of injury involved heavy lifting. The injured worker was diagnosed as having cervical spine sprain/strain, cervical radiculopathy, status post right shoulder surgery with residual pain, lumbar spine sprain/strain, and lumbar radiculopathy. On May 29, 2014, she underwent a right shoulder arthroscopy with debridement of superior labral, endoscopic subacromial decompression and distal clavicle resection and rotator cuff repair. Treatment to date has included x-rays, MRI, a shoulder immobilizer, physical therapy, activity modifications, chiropractic therapy, acupuncture, and medications. On January 26, 2015, the injured worker complains of constant, burning, radicular pain of the neck with numbness and tingling of the bilateral upper extremities. She has constant, residual right shoulder pain status post arthroscopy, and constant, burning, radicular pain of the low back pain with numbness and tingling of the bilateral lower extremities. The physical exam revealed tenderness to palpation at the occiputs, trapezius, and the sternocleidomastoid, and levator scapula muscles. The cervical spine range of motion was decreased. The right shoulder exam revealed tenderness to palpation at the delto-pectoral groove, on the supraspinatus muscle insertion, acromioclavicular joint, subacromial space, levator scapula, and trapezius muscles. There was decreased right shoulder range of motion, and slightly decreased sensation over the C5-T1 dermatomes, decreased motor strength, and normal deep tendon reflexes of the bilateral upper extremities. There was tenderness to palpation at the lumbar paraspinal muscles and the lumbosacral junction, a trigger point at the posterior superior iliac spine, and sciatic notch tenderness. There was decreased

sensation at the L4-S1 dermatomes bilaterally, and decreased motor strength and normal deep tendon reflexes in the bilateral lower extremities. The treatment plan includes continuing her current histamine 2 antagonist, topical and oral muscle relaxant, pain, topical non-steroidal anti-inflammatory, sedating antihistamine, and anti-epilepsy medications. A Request for Authorization Form was submitted on 01/26/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Updated 01/30/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically appropriate. Muscle relaxants are not recommended for topical use. There is also no frequency listed in the request. As such, the request is not medically necessary.

Cyclobenzaprine 5% Cream 110 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended for topical use. Therefore, the request for a compounded cream containing Cyclobenzaprine would not be supported. As such, the request is not medically necessary.

Tabradol 1mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64. Decision based on Non-MTUS Citation ODG Pain Chapter, Updated 01/30/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the injured worker has continuously utilized the above medication since at least December 2014 without any evidence of objective functional improvement. Guideline do not support long term use of muscle relaxants. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Updated 01/30/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there was no evidence of a failure of non-opioid analgesics. The injured worker has continuously utilized the above medication since at least December 2014 without any evidence of objective functional improvement. Recent urine toxicology reports were not provided. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

Ketoprofen 20% cream 167 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing ketoprofen would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.

Dicopanol 5mg/ml oral suspension 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Updated 01/30/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the clinical notes submitted, there is no indication of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no indication that this injured worker cannot safely swallow pills or capsules. The medical necessity has not been established. As such, the request is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Updated 01/30/15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and post-herpetic neuralgia. It is also considered first line treatment for neuropathic pain. The injured worker has continuously utilized the above medication since at least December 2014 without any evidence of objective functional improvement. The medical necessity for gabapentin with other proprietary ingredients has not been established. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.