Case Number:	CM17-0014438		
Date Assigned:	01/27/2017	**Date of Injury:**	11/14/2016
Decision Date:	02/27/2017	**UR Denial Date:**	12/29/2016
Priority:	Standard	**Application Received:**	01/23/2017

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, Pain Management

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 case involves a now 40-year-old female with a history of an occupational claim from 11/14/2016. The mechanism of injury is detailed as cumulative trauma. The current diagnosis is documented as headache. Treatment to date includes medications. On 12/05/2016, the patient continued to report headaches rated 8/10 on VAS as well as pain in the neck, bilateral shoulders, bilateral elbows, bilateral wrists/hands/fingers, midback, low back, bilateral knees, bilateral ankles/feet. Pain throughout was rated 6/10 the 8/10 on VAS. The patient also reported anxiety, insomnia, stress and depression due to her inability to work and perform the normal day to day tasks of living. The patient reported pain was alleviated with rest and activity restriction. The patient current medication regimen was not provided. Treatment plan included monitoring for effectiveness and possible dependency of prescribed medications. Periodic urinalysis toxilogical evaluation. X-rays of the cervical, thoracic, and lumbar spine, lumbar brace, and shockwave therapy, functional capacity evaluation, referral to psychology, referral to neurology, referral for a sleep study, MRI of the bilateral knees, ankles, and feet, electro diagnostic studies of the bilateral upper and lower extremities was also requested. A Request for Authorization dated 12/05/2016 was provided. The original utilization review dated 12/29/2016 denied the request for opioids due to there is no documentation regarding medication efficacy, or failed non-opioid analgesics. The request for creams/compounded creams were denied due to there is indication of failure of first line oral medications. The request for pantoprazole and Prilosec were denied due to there is no indication of GI disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Opioid Treatment 2016.

MAXIMUS guideline: Decision based on MTUS Opioid Treatment 2016, Section(s): 3.3.9 Opioids for Chronic Pain and Chronic Opioid Treatment: Maintenance of Chronic Opioid Treatment.

Decision rationale: The California MTUS Opioid Treatment Guidelines recommend ongoing management of patients on chronic opioid treatment. The patient has been on chronic opioid treatment, at least 6 months. This medication is not indicated for long term use. There is no evidence of at least 30% pain relief in terms of VAS with use of the medication. There is no evidence of objective functional improvement to include, activities of daily living, and/or return to work. Additionally, there is no indication the patient is being monitored for adverse side effects, and aberrant drug taking behavior, to include random urine drug screens. Moreover, there is no evidence of failed first line therapy. Given the above, the request for Synapryn (10mg/1ml oral suspension) 500ml is not medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this patient. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the patient is advised to speak with their treating physician. The treating physician and the patient are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this patient.

Cyclophene 5% cream 111.2 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation the patient has trialed and failed first line therapy prior to this request. There is no indication the patient is not able to tolerate similar medication in pill form. There is no documentation of pain relief, objective functional improvement, and/or decrease in pain medication. Additionally, muscle relaxants in topical for are not supported by the guidelines. Given the above, the request for Cyclophene 5% cream 111.2 grams is not medically necessary.

Ketophene 20% cream, 167 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation the patient has trialed and failed first line therapy prior to this request. There is no indication the patient is not able to tolerate similar medication in pill form. There is no documentation of pain relief, objective functional improvement, and/or decrease in pain medication. Given the above, the request for Ketophene 20% cream, 167 grams is not medically necessary.

Compound Cyclobenzaprine 5%, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation the patient has trialed and failed first line therapy prior to this request. There is no indication the patient is not able to tolerate similar medication in pill form. There is no documentation of pain relief, objective functional improvement, and/or decrease in pain medication. Additionally, muscle relaxants in topical for are not supported by the guidelines. Given the above, the request for Compound Cyclobenzaprine 5%, 240 grams is not medically necessary.

Compound Ketoprofen 20%, 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Topical analgesics.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear documentation the patient has trialed and failed first line therapy prior to this request. There is no indication the patient is not able to tolerate similar medication in pill form. There is no documentation of pain relief, objective functional improvement, and/or decrease in pain medication. Given the above, the request for Compound Ketoprofen 20%, 240 grams is not medically necessary.

Pantoprazole sod DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend H2-receptor antagonists or a proton pump inhibitor for patients at risk for developing a gastrointestinal event or symptoms of dyspepsia secondary to NSAID therapy. There was a lack of evidence provided to support medication efficacy. Medical necessity for continued treatment was not provided. There is a lack of history of peptic ulcer, GI bleeding, or perforation. There is no indication the patient is on a high dose/multiple NSAID use to warrant treatment. Given the above, the request for Pantoprazole sod DR 20mg #60 is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk, Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines recommend H2-receptor antagonists or a proton pump inhibitor for patients at risk for developing a gastrointestinal event or symptoms of dyspepsia secondary to NSAID therapy. There was a lack of evidence provided to support medication efficacy. Medical necessity for continued treatment was not provided. There is a lack of history of peptic ulcer, GI bleeding, or perforation. There is no indication the patient is on a high dose/multiple NSAID use to warrant treatment. Given the above, the request for Prilosec 20mg #90 is not medically necessary.