

<b>Case Number:</b>	CM13-0006224		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/02/2011
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 39-year-old male who reported an injury on 11/02/2011. The patient was noted to have injured his low back while lifting an object weighing 60 pounds. The patient is status post lumbar spine surgery with persistent low back pain. The patient has been recommended and has been utilizing the oral suspensions since at least 10/2012. The patient has current complaints of back pain, numbness and tingling in the right lower extremity, anxiety, depression, stress, and sexual dysfunction. The patient has a current diagnosis to include status post lumbar fusion and lumbar radiculopathy. Current treatment plan is acupuncture, medication management, and electrodiagnostic studies. The most recent physical examination revealed decreased range of motion of the lumbar spine, positive bilateral straight leg raise, and decreased sensation in the bilateral L4-S1 dermatomes with 3/5 to 4/5 bilateral lower extremities motor strength.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS recommends an initial trial of 3-4 sessions of acupuncture and additional visits when there is evidence of objective functional improvement. The documentation submitted for review indicates the patient has functional deficits on physical

examination. However, the request for 8 sessions of acupuncture would exceed evidence-based guidelines for initial duration of care. Therefore, the request remains non-certified at this time.

**Dicopanol 5mg/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 Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.drugs.com/search.php?searchterm=Dicopanol>.

**Decision rationale:** California MTUS/ACOEM Guidelines do not address Dicopanol. Official Disability Guidelines do not address Dicopanol. Per Drugs.com, Dicopanol is diphenhydramine hydrochloride and it was noted this drug has not been found by the FDA to be safe and effective and the labeling was not approved by the FDA. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to FDA regulations. In addition, there is no indication the patient cannot take standard oral medications to warrant the use of an oral suspension. Given the above, the request for Dicopanol 5 mg 150 mL is non-certified.

**Deprizine 5mg/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 Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** Deprizine per the online package insert includes ranitidine hydrochloride. California MTUS Guidelines recommend consideration for a H2-receptor antagonists or a PPI for the treatment of dyspepsia secondary to NSAID therapy. There is a lack of documentation of GI symptoms. In addition, there is no indication the patient cannot take standard oral medications to warrant the use of an oral suspension. As such, the request is non-certified.

**Fenatrex 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 Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Fanatrex>.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), and Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, do not specifically address Fenatrex. However,

Drugs.com states that Fanatrex is liquid Gabapentin and this drug has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. In addition, there is no indication the patient cannot take standard oral medications to warrant the use of an oral suspension. As such, the request is non-certified.

**Synapryn 10mg/ml 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 Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Sulfate and Packet insert.

**Decision rationale:** Synapryn per the online package insert included tramadol and glucosamine sulfate. California MTUS Guidelines recommend tramadol for pain; however, do not recommend it as a first-line oral analgesic. It is noted to be a synthetic opioid. California MTUS Guidelines recommend documentation of a patient's pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant or non-adherent drug-related behaviors for continuation of medications. California MTUS guidelines recommend Glucosamine Sulfate for patients with moderate arthritis pain especially, knee osteoarthritis. CA MTUS guidelines also recommend only one medication should be given at a time. In addition, there is no indication the patient cannot take standard oral medications to warrant the use of an oral suspension. Given the above, the request for Synapryn 10 mg/1 mL (in mL) a quantity of 500 is non-certified.

**Tabradol 1mg/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 Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine, packet insert.

**Decision rationale:** Tabradol per the online package insert includes cyclobenzaprine hydrochloride. California MTUS Guidelines recommend cyclobenzaprine for the management of back pain. However, it recommends a short, brief treatment. The patient has been using this medication long-term. In addition, there is no indication the patient cannot take standard oral medications to warrant the use of an oral suspension. As such, the request is non-certified.