

Case Number:	CM13-0022348		
Date Assigned:	10/16/2013	Date of Injury:	07/15/2009
Decision Date:	04/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 sustained an injury secondary to an unspecified mechanism on 3/15/2009. The most recent chiropractic report, the patient's primary treating physician, dated 9/27/2013, lists subjective complaints as pain in patient's left lower back traveling to his left leg which he describes as sharp and throbbing. Patient states that the pain is worsening. He also complains of radicular symptoms of the lower extremities and that his legs feel weak with prolonged weight bearing. Objective findings: Examination of the lumbar spine: Minor's Sign, Kemp's Test, Yeoman's test and Iliac compression reveal pain on both sides. Valsalva is positive on both the left and right sides. Palpation reveals paraspinal tenderness bilaterally at levels T12-S1. The motor and sensory exams are completely normal. Diagnosis: 1. Displacement of lumbar intervertebral disc without myelopathy per MRI 9/09/2009 2. Thoracic or lumbrosacral neuritis or radiculitis 3. Sprain of unspecified site of shoulder and upper arm 4. Headache 5. Insomnia. The patient has been taking naproxen and Norco since at least 10/16/2012. Medications: 1. Fenatrex 500mg- SIG: 5ml (I tsp) three times daily 2. Naproxen (no dosage or quantity given) Final Determination Letter for IMR Case Number [REDACTED] 3 3. Norco (Hydrocodone) (No quantity or dosage given)

IMR ISSUES, DECISIONS AND RATIONALES

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

250ML OF DEPRIZINE 5MG/ML - DOSAGE: 10ML ONCE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GASTROINTESTINAL (GI) SYMPTOMS AND CARDIOVASCULAR RISK. .
Decision based on Non-MTUS Citation CA MTUS, LOW BACK COMPLAINTS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Deprizine 5 mg/ML (ranitidine hydrochloride in suspension) is an H2 agonist compounded with inactive ingredients. Although the patient is taking NSAIDs, there is no documentation in the medical record that he has any of the risk factors cited in the MTUS for recommending an H2 agonist. In addition, there is no documentation as to why the patient was prescribed an oral suspension instead of tablets. Deprizine 5 mg/ML is not medically necessary.

420ML OF FANATREX 25MG/ML - DOSAGE: 5ML (1TSP) THREE TIMES DAILY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN; ANTI-EPILEPSY DRUGS (AEDs)..

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

Decision rationale: Fanatrex 25 mg/mL is a suspension of gabapentin compounded with glucosamine and various inactive ingredients. It is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient describes radicular pain for which there is some evidence that gabapentin is helpful. However, Fanatrex is a compounded medication which contains glucosamine. The MTUS does not recommend glucosamine, and any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. In addition, there is no documentation as to why the patient would need an oral suspension as opposed to tablets. Fanatrex is not medically necessary.

500ML OF SYNAPRYN 10MG/ML - DOSAGE: 5ML (T TSP) 3 TIMES A DAY AS DIRECTED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL; OPIOIDS, SPECIFIC DRUG LIST; CRITERIA FOR USE OF OPIOIDS.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Synapryn containing tramadol is a centrally acting synthetic opioid

analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids.

150ML OF DICOPANOL 5MG/ML - DOSAGE: 1 ML BY MOUTH AT BEDTIME.:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES - TREATMENT FOR WORKERS' COMPENSATION (TWC), ONLINE EDITION, CHAPTER PAIN, INSOMNIA TREATMENT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, INSOMNIA TREATMENT

Decision rationale: The medical record indicates that the patient has trouble sleeping due to pain. The Official Disability Guidelines state that sedating antihistamines have been suggested for sleep aids, but tolerance seems to develop within a few days. The ODG also states that the efficacy and its safety of the long-term treatment of insomnia has not been fully evaluated. In addition, the medical record offers no explanation as to why the employee requires an oral suspension and cannot take a tablet. Dicopanol 5 mg/ml is not medically necessary.