

<b>Case Number:</b>	CM13-0036487		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/01/2010
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	11/01/2013

### 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. 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:

This 38 year-old female sustained a right arm injury on 5/1/10 while performing her regular work duties during her employment with [REDACTED]. Report dated 9/20/13 by [REDACTED], non-certified the requests for Fanatrex 25mg/ml oral suspension, Synapryn 10 mg/ml oral suspension, and Deprizine 5mg/ml oral suspension. [REDACTED] referenced DFR from [REDACTED] dated 8/14/13 which reported complaints of right shoulder pain of 8-9/10, right elbow pain 5-6/10, and right wrist pain at 4/10. Objective findings included tenderness at delto-pectoral groove and insertion of supraspinatus muscle (s/p right elbow decompression of the ulnar nerve); decreased range of motion; Elbow with well-healed incision on posterior aspect with tenderness at lateral and medial epicondyle and decreased range; Wrist with tenderness at carpal tunnel, thenar and hypothenar eminences with decreased range, sensation and motor strength in the upper extremity. Diagnoses included Right shoulder sprain/strain, rule out internal derangement; right elbow sprain/strain; and right wrist sprain/strain, rule out de Quervain's tenosynovitis. Treatment included for the above urgent oral suspensions. Other medications included compounded Ketoprofen 20% gel, Tabradol oral suspension, and compounded cyclophene 5% gel. There is an EMG/NCS dated 7/3/13 by [REDACTED] noting mild right median nerve compression at carpal tunnel; mild right ulnar nerve compression near medial epicondyle; No evidence of cervical radiculopathy in the right upper extremity. Submitted reports have not adequately identified any gastrointestinal disorders that may require oral suspension of medications requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT Fanatrex 25mg/ml oral suspension 420ml 5ml (1tsp) / TID #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**Decision rationale:** This 38 year-old female sustained a right arm injury on 5/1/10 while employed by [REDACTED] and has history of s/p right ulnar nerve decompression continuing to treat for ongoing right shoulder, elbow, and wrist pain. EMG/NCV has shown mild median and ulnar nerve compression. Although, Fanatrex oral suspension which has the active ingredient for the anti-epileptic medication, Gabapentin, 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; however, submitted reports have not adequately demonstrated the specific indication to support for Fanatrex oral suspension over oral pills. The Fanatrex 25mg/ml oral suspension 420ml 5ml (1tsp) / TID #1 is not medically necessary and appropriate.

**URGENT Synapryn 10mg / 1ml oral suspension 500ml 5ml (1tsp) / TID #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). This 38 year-old female sustained a right arm injury on 5/1/10 while employed by [REDACTED] and has history of s/p right ulnar nerve decompression continuing to treat for ongoing right shoulder, elbow, and wrist pain. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise

deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. In addition, submitted reports have not adequately demonstrated the specific indication to support for Synapryn oral suspension with active ingredient, Tramadol over oral pills. Synapryn 10mg / 1ml oral suspension 500ml 5ml (1tsp) / TID #1 is not medically necessary and appropriate.

**URGENT Deprizine 5mg/ml oral suspension 250ml 10ml / 2tsp / OD #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Deprizine 5mg/ml oral suspension 250ml 10ml has active ingredient, Ranitidine, a medication prescribed for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. This 38 year-old female sustained a right arm injury on 5/1/10 while employed by [REDACTED] and has history of s/p right ulnar nerve decompression continuing to treat for ongoing right shoulder, elbow, and wrist pain. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Ranitidine namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment nor any indication that require medication to be in an oral suspension form. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with this oral suspension. Deprizine 5mg/ml oral suspension 250ml 10ml / 2tsp / OD #1 is not medically necessary and appropriate.