

<b>Case Number:</b>	CM13-0042812		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Physical Medicine & 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 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 underlying date of injury in this case is 07/15/2009. The primary diagnosis is 724.2, or lumbar stenosis. Additional treating diagnoses include lumbar disc displacement, nonalopathic lesions of the cervical and thoracic regions, lumbosacral radiculitis, shoulder and upper arm sprain, headache, and insomnia. On 08/23/2013, the primary treating physician submitted a supplemental report and request for authorization. He noted that when he had seen the patient, the patient reported low back pain, knee pain, and foot pain and that his pain was reduced with rest and heat. The patient found a TENS unit to be temporarily helpful. He was taking Fanatrex for pain and found this to be helpful. The patient reported that the use of naproxen and hydrocodone/APAP was helpful in reducing the sequelae for the patient's injury. The patient ambulated with an antalgic gait, favoring the left side. The treating physician recommended localized intense neurostimulation treatment and planned to review additional past medical records. An initial physician review in this case noted that the medical records did not provide sufficient information regarding this patient's pain, response to pharmacotherapy, and a detailed history to justify the use of the preparation of the requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICOPANOL 5MG/ML PO 150ML, 1ML PO BEDTIME, #1: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss compounded medications in the context of topical analgesics. The MTUS Chronic Pain Guidelines note that "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time provide very limited information regarding the rationale or mechanism of action of multiple prescribed compounded agents either individually or particularly in combination. Overall the MTUS Chronic Pain Guidelines do not support an indication for these compounded medications either individually or in combination and therefore this is not medically necessary and appropriate. This medication contains diphenhydramine. The medical records do not document issues related to insomnia or other allergic conditions to support a need for an antihistamine. For this reason as well, this request is not medically necessary.

**#1 DEPRIZINE 5MG/ML PO SUSPENSION 250ML, 10MG ONCE DAILY #1:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss compounded medications in the context of topical analgesics. MTUS Chronic Pain Guidelines state, "The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time provide very limited information regarding the rationale or mechanism of action of multiple prescribed compounded agents either individually or particularly in combination. Overall the MTUS Chronic Pain Guidelines do not support an indication for these compounded medications either individually or in combination. Additionally this medication contains ranitidine, which is utilized for gastrointestinal prophylaxis. The medical records do not document a gastrointestinal diagnosis for which this treatment would be indicated. For this reason, this request is not medically necessary and appropriate.

**#1 FANATREX 25MG/ML PO SUSPENSION 420MG, 5ML (1TSP) TID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 16,111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss compounded medications in the context of topical analgesics. The MTUS Chronic Pain Guidelines state "the use of these

compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time provide very limited information regarding the rationale or mechanism of action of multiple prescribed compounded agents either individually or particularly in combination. Overall the MTUS Chronic Pain Guidelines do not support an indication for these compounded medications either individually or in combination. This medication contains Gabapentin. Gabapentin is discussed in the MTUS Chronic Pain Guidelines as indicated for neuropathic pain. It is not clear that this patient specifically has a neuropathic pain diagnosis. For this reason as well, this request is not medically necessary and appropriate.

**#1 SYNAPRYN 10MG/1ML PO SUSPENSION 500ML TID #1: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss compounded medications in the context of topical analgesics. The MTUS Chronic Pain Guidelines state "the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The medical records at this time provide very limited information regarding the rationale or mechanism of action of multiple prescribed compounded agents either individually or particularly in combination. Overall the MTUS Chronic Pain Guidelines do not support an indication for these compounded medications either individually or in combination. The request is not medically necessary and appropriate.