

<b>Case Number:</b>	CM13-0054178		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/08/2008
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Illinois. 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:

The patient is a 59-year-old female who reported an injury on November 08, 2008. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical spine pain, cervical spine radiculopathy, history of fracture of the right elbow, status post open reduction and internal fixation (ORIF) of the right elbow, bilateral wrist carpal tunnel syndrome, lumbar spine pain, lumbar spine radiculopathy, knee pain, anxiety disorder, and mood disorder. The patient was seen by [REDACTED] on September 20, 2013. The patient reported ongoing pain over multiple areas of the body with muscle spasm. Physical examination revealed tenderness to palpation of the cervical spine, decreased cervical range of motion, positive Spurling's maneuver bilaterally, positive cervical distraction and compression testing bilaterally, atrophy of the thenar musculature, tenderness to palpation of the triangular fibrocartilage complex (TFCC) and over the carpal tunnel bilaterally, normal range of motion of bilateral wrists, positive Tinel's, Phalen's, and flicker testing bilaterally, decreased strength bilaterally, and diminished sensation over the C5 through C7 dermatomes. The patient also demonstrated tenderness to palpation with decreased range of motion of the lumbar spine as well as decreased sensation in the L4 through S1 dermatomes. Treatment recommendations included continuation of current medications including Deprizine, Dicopanol, Fanatrex, Synapryn, and Tabradol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synapryn, 10mg/1mL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** With regard to Synapryn, the California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized the above-mentioned medication. Despite ongoing use, the patient continues to report persistent pain over multiple areas of the body with muscle spasm and activity limitation. There is no change in the patient's physical examination that would indicate functional improvement. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

**request for Tabradol, 1mg/mL oral suspension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** With regard to Tabradol, California MTUS Guidelines, state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The patient has continuously utilized the above-mentioned medication. Despite ongoing use, the patient continues to report persistent pain over multiple areas of the body with muscle spasm and activity limitation. There is no change in the patient's physical examination that would indicate functional improvement. There is no documentation of cardiovascular disease. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

**Deprizine, 15mg/mL oral suspension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** With regard to Deprizine, the California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. The patient has continuously utilized the above-mentioned medication. Despite ongoing

use, the patient continues to report persistent pain over multiple areas of the body with muscle spasm and activity limitation. There is no change in the patient's physical examination that would indicate functional improvement. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

**request for Dicopanor, 5mg/mL oral suspension: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** With regard to Dicopanor, the Official Disability Guidelines state diphenhydramine is a sedating antihistamine often utilized as an over-the-counter for insomnia treatment. The patient has continuously utilized the above-mentioned medication. Despite ongoing use, the patient continues to report persistent pain over multiple areas of the body with muscle spasm and activity limitation. There is no change in the patient's physical examination that would indicate functional improvement. There is also no evidence of a failure to respond to non pharmacologic treatment for insomnia, prior to the initiation of a prescription product. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

**request for Fanatrex, 25mg/mL oral suspension: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** With regard to Fanatrex, the California MTUS Guidelines state gabapentin is recommended for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered first line treatment for neuropathic pain. The patient has continuously utilized the above-mentioned medication. Despite ongoing use, the patient continues to report persistent pain over multiple areas of the body with muscle spasm and activity limitation. There is no change in the patient's physical examination that would indicate functional improvement. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.