MAXIMUS Federal Services

Case Number:	CM13-0056969		
Date Assigned:	12/30/2013	Date of Injury:	05/03/2013
Decision Date:	03/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 is a 47 year-old male brisket-saw operator who reported developing elbow pain after using an electric saw to cut meat on 5/3/2013. According to the initial report from [redacted], dated 10/16/13, he has bilateral cubital tunnel syndrome. The pain was 7-8/10. [redacted] stated the pain is alleviated with medications, and states the patient is currently taking medications for high blood pressure, antidepressants and pain medications, although he does not state what the medications are. The patient is not reported to have swallowing or taking the tablet forms of medication, but [redacted] prescribes oral suspensions of Fanatrex, Deprizine and Dicopanol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex 25mg/mL oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with elbow pain. The patient does not have difficulty swallowing tablets and there is no discussion as to why the patient needs a compounded

medication elixir over the traditional tablet form of gabapentin. Fanatrex is a compound with gabapentin and other proprietary ingredients. MTUS in general for compounded medications states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The other proprietary ingredients are not disclosed. Since components of other proprietary ingredients are unknown, they cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS.

Deprizine 15mg/mL oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68-69.

Decision rationale: The patient presents with elbow pain. There is no history of GERD or dyspepsia or NSAID use. The patient is not reported to have any of the MTUS risk factors for GI events. The patient does not have swallowing problems. There was no rationale provided for use of a compounded medication with ranitidine and unknown other components, as opposed to the traditional tablet forms of Zantac. Deprizine is a compound with ranitidine and other proprietary ingredients. MTUS in general for compounded medications states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The other proprietary ingredients are not disclosed. Since components of other proprietary ingredients are unknown, they cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS.

Dicopanol 5mg/mL oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

Decision rationale: The patient presents with elbow pain. The reporting states the patient does not have any allergies, and there is no discussion of a sleep disturbance or evaluation for insomnia. The patient does not have problems with swallowing. The physician provided a compounded medication, Dicopanol for insomnia without mentioning subjective or objective evidence of insomnia. Dicopanol is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients. MTUS in general for compounded medications states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The other proprietary ingredients are not disclosed. Since components of other proprietary ingredients are unknown, they cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS.