

<b>Case Number:</b>	CM13-0061732		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic shoulder pain, a cough, anxiety disorder, chronic neck pain, and stress disorder reportedly associated with an industrial injury of November 1, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; various topical compounds; oral suspensions; and work restrictions. It does not appear that the applicant has returned to work with limitations in place, however. In a utilization review report of October 30, 2013, the claims administrator seemingly denied a request for various agents, including Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. The applicant's attorney subsequently appealed. On October 19, 2013, the applicant presented to her primary treating provider reportedly alleging multifocal neck, bilateral shoulder, and low back pain, 8-9/10, reportedly associated with cumulative trauma at work. Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and a ketoprofen containing cream were endorsed, along with a rather proscriptive 5-pound lifting limitation. Electrodiagnostic testing was also sought. It was seemingly suggested that the applicant's employer was unable to accommodate the limitations in question. Each of the agents in questions were earlier prescribed on a prior progress note of September 18, 2013, it further appears.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNAPRYN 10 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 REVISION, WEB EDITION AND OFFICIAL DISABILITY GUIDELINES: WEB EDITION

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation NATIONAL LIBRARY OF MEDICINE (NLM), SYNAPRYN DRUG

**Decision rationale:** As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of knee arthritis. In this case, however, the applicant's operating diagnoses include chronic neck pain, chronic shoulder pain, chronic low back pain, mood disorder, anxiety, stress, and sleep disorder. The most recent September and October 2013 progress notes in question did not make any mention of issues related to knee arthritis. Therefore, the request for Synapryn, a compound containing Tramadol and glucosamine is not certified, on Independent Medical Review.

**TABRADOL 1MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 REVISION, WEB EDITION AND OFFICIAL DISABILITY GUIDELINES: WEB EDITION

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113. Decision based on Non-MTUS Citation NATIONAL LIBRARY OF MEDICINE (NLM) TABRADOL SECTION

**Decision rationale:** Tabradol, per the National Library of Medicine (NLM) is a cyclobenzaprine containing compound or suspension. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, however, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. The unfavorable recommendation on cyclobenzaprine results in the entire compound's carrying unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

**DEPRIZINE 1MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 REVISION, WEB EDITION AND OFFICIAL DISABILITY GUIDELINES: WEB EDITION

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation DRUGS.COM, DEPRIZINE DRUG

**Decision rationale:** Deprizine, per the website drugs.com, is a ranitidine-containing oral suspension. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of H2 antagonist such as ranitidine in the treatment of NSAID-induced dyspepsia,

in this case, however, there is no mention of any active signs or symptoms of dyspepsia, reflux, and/or heartburn appreciated on either September or October 2013 progress notes, referenced above. Therefore, the request for Deprizine (ranitidine) is not certified, on Independent Medical Review.

**DICOPANOL 15MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 REVISION, WEB EDITION AND OFFICIAL DISABILITY GUIDELINES: WEB EDITION

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIAN'S DRUG REFERENCE (PDR), DIPHENHYDRAMINE DRUG

**Decision rationale:** The MTUS does not address the topic of Dicopanol or diphenhydramine (Benadryl) usage. However, as noted in the Physicians' Drug Reference (PDR), diphenhydramine (Dicopanol) is an antihistamine indicated in the temporary relief of symptoms due to hay fever, allergies, rhinitis, etc. In this case, however, there is no evidence that the applicant is suffering from any allergic symptoms such as itching of the eyes, running of the nose, running of the eyes, etc., for which usage of Dicopanol (diphenhydramine) would be indicated. Therefore, the request is not certified, on Independent Medical Review.

**FANATREX 25MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 REVISION, WEB EDITION AND OFFICIAL DISABILITY GUIDELINES: WEB EDITION

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN SECTION Page(s): 19. Decision based on Non-MTUS Citation NATIONAL LIBRARY OF MEDICINE (NLM), FANATREX DRUG

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to ask the applicant "at each visit" as to whether or not there has been a change in pain or function as a result of ongoing gabapentin usage. In this case, however, the attending provider has not documented any evidence of pain relief and/or improved function as a result of ongoing gabapentin usage. The applicant has seemingly failed to return to work. The applicant has a rather proscriptive 5-pound lifting limitation in place, unchanged, from visit to visit. The applicant remains highly reliant on various medications and compounds. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Fanatrex (gabapentin). Therefore, the request is not certified, on Independent Medical Review.