

Case Number:	CM13-0063492		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2011
Decision Date:	04/25/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/09/2013

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 and 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 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 patient is a 58 year-old female with a 2/3/2011 industrial injury claim. She has been diagnosed with cervical HNP; cervical radiculopathy; right shoulder internal derangement; right elbow strain; lateral epicondylitis, right elbow; right wrist internal derangement; right CTS; OA in the hand; right foot plantar fasciitis. [REDACTED] the orthopedist has been trying to use compounded topicals and oral suspensions since 2012. The latest UR denial is dated 11/8/13. This IMR involves necessity for Dicopanol, Deprizine, Fanatrex, Synapryn and Tabradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

TABRADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; MSM; CRPS Page(s): 41-42, 63, and 37-38.

Decision rationale: The patient presents with neck pain with radiculopathy, right lateral epicondylitis and right CTS. The request was for Tabradol. According to [REDACTED], Tabradol is an oral suspension containing cyclobenzaprine, methylsulfonylmethane and other proprietary

ingredients. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Tabradol is reported to contain MSM, MSM is not FDA approved for medical treatment of any condition. MTUS guidelines under MSM redirects the reader to DMSO for treatment of a regional inflammatory reaction with CRPS. The patient does not have CRPS. Tabradol would not be recommended under MTUS criteria. MTUS also states, under cyclobenzaprine, that it is not recommended to add cyclobenzaprine to other agents. The request is not in accordance the MTUS guidelines.

SYNAPRYN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Glucosamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Glucosamine Page(s): 111-113; 50.

Decision rationale: The patient presents with neck pain with radiculopathy, right lateral epicondylitis and right CTS. I have been asked to review for Synapryn. According to [REDACTED], Synapryn is an oral suspension that contains tramadol and glucosamine as well as other proprietary ingredients. MTUS in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS discusses use of glucosamine for knee osteoarthritis, but this patient is not reported to have knee problems. MTUS does not recommend glucosamine hydrochloride, but has some support for glucosamine sulfate. The physician did not specify the type of glucosamine contained in Synapryn. 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.

FANATREX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with neck pain with radiculopathy, right lateral epicondylitis and right CTS. I have been asked to review for Fanatrex. According to [REDACTED], Fanatrex is a compound with gabapentin and other proprietary ingredients. MTUS in general for compounded medications, page 111 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, FDA Professional Drug Information, Ranitidine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The patient presents with neck pain with radiculopathy, right lateral epicondylitis and right CTS. The labeled indication for ranitidine is GERD. The patient is not reported to have GERD. MTUS has some support for use of ranitidine for treatment of dyspepsia due to NSAID use, but there is no mention of dyspepsia. MTUS also allows use of ranitidine on a prophylactic basis if the patient is at risk for GI events. There is no discussion of any of the MTUS risk factors for GI events There is no discussion as to why the patient is not able to use the accepted tablet form of the medication. The use of Deprizine is not in accordance with MTUS guidelines.

DICOPANOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, Dicopanol

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter online for Insomnia treatment

Decision rationale: The patient presents with neck pain with radiculopathy, right lateral epicondylitis and right CTS. I have been asked to review for Dicopanol. According to [REDACTED], this is used for insomnia; however his 10/2/13 report does not mention insomnia or any sleep problems. [REDACTED] states "Dicopanol is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients." MTUS in general for compounded medications, page 111 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.