

<b>Case Number:</b>	CM13-0065599		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Preventive 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:

According to the records made available for review, this is a 30-year-old female with a 4/2/12 date of injury. At the time (10/26/13) of request for authorization for Deprizine 5mg 250ml, Fanatrex 25mg 420ml, Synapryn 10mg 500ml, and Dicopanol 5mg 160ml, there is documentation of subjective (neck pain radiating to the upper back and shoulders and headaches that cause sleep difficulties) and objective (decreased cervical spine range of motion, and tenderness to palpation over the cervical paraspinal musculature and trapezius musculature) findings, current diagnoses (post-traumatic headache, cervical strain, and insomnia secondary to pain), and treatment to date (medications (including Fanatrex and Synapryn since at least 9/25/12; and Deprizine and Dicopanol since at least 6/20/13)). Regarding Deprizine 5mg 250ml, there is no documentation of patients with GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, dyspepsia secondary to NSAID therapy, or patients utilizing chronic NSAID therapy). Regarding Fanatrex 25mg 420ml, there is no documentation of appropriate response to the use of AEDs (50% reduction in pain and a moderate response as a 30% reduction as a result of Fantrex use to date). Regarding Synapryn 10mg 500ml, there is no documentation that the Final Determination Letter for IMR Case Number CM13-0065599 3 prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Synapryn use to date. Regarding Dicopanol 5mg 160ml, there is no documentation of the intention for short-term treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Dicopanol use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DEPRIZINE 5MG 250ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK. Decision based on Non-MTUS Citation TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 AND [HTTP://WWW.DRUGS.COM/MONOGRAPH/ZANTAC.HTML](http://www.drugs.com/monograph/zantac.html)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of dyspepsia secondary to NSAID therapy, as criteria necessary to support the medical necessity of H2-receptor antagonists. Medical Treatment Guideline identifies documentation of duodenal ulcer, GI hypersecretory conditions, gastric ulcer, or gastro esophageal reflux (GERD), as criteria necessary to support the medical necessity of Deprezine. Within the medical information available for review, there is documentation of diagnoses of post-traumatic headache, cervical strain, and insomnia secondary to pain. In addition, there is documentation of ongoing treatment with Deprezine. However, there is no documentation of patients with GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, dyspepsia secondary to NSAID therapy, or patients utilizing chronic NSAID therapy). Therefore, based on guidelines and a review of the evidence, the request for Deprezine 5mg 250ml is not medically necessary.

**FANATREX 25MG 420ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN (NEURONTIN), PAGE 18-19. Decision based on Non-MTUS Citation TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS additionally identifies that a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. MTUS-Definitions identifies that any treatment intervention should not be continued in the

absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of post-traumatic headache, cervical strain, and insomnia secondary to pain. In addition, there is documentation of neuropathic pain and ongoing treatment with Fanatrex. However, given documentation of ongoing treatment with Fanatrex, there is no documentation of appropriate response to the use of AEDs (50% reduction in pain and a moderate response as a 30% reduction as a result of Fanatrex use to date). Therefore, based on guidelines and a review of the evidence, the request for Fanatrex 25mg 420ml is not medically necessary.

**SYNAPRYN 10MG 500ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80. Decision based on Non-MTUS Citation TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 AND [HTTP://DAILYMED.NLM.NIH.GOV/DAILYMED/ARCHIVES/FDADRUGINFO.CFM?ARC HIVEID=22416](http://DAILYMED.NLM.NIH.GOV/DAILYMED/ARCHIVES/FDADRUGINFO.CFM?ARC HIVEID=22416)

**Decision rationale:** Synapryn contains Tramadol hydrochloride 10 mg/mL. in oral suspension with glucosamine. MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post-traumatic headache, cervical strain, and insomnia secondary to pain. In addition, there is documentation of ongoing treatment with Synapryn. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Synapryn use to date. Therefore, based on guidelines and a review of the evidence, the request for Synapryn 10mg 500ml is not medically necessary.

**DICOPANOL 5MG 160ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK COMPLAINTS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, DIPHENHYDRAMINE (BENADRYL); OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20.

**Decision rationale:** MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that sedating antihistamines have been suggested for sleep aids. ODG additionally identifies that sedating antihistamines are not recommended for long-term insomnia treatment. Within the medical information available for review, there is documentation of diagnoses of post-traumatic headache, cervical strain, and insomnia secondary to pain. However, given documentation of ongoing treatment with Dicopanol, there is no documentation of the intention for short-term treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Dicopanol use to date. Therefore, based on guidelines and a review of the evidence, the request for Dicopanol 5mg 160ml is not medically necessary.