MAXIMUS Federal Services

Case Number:	CM14-0001778		
Date Assigned:	01/22/2014	Date of Injury:	08/01/2006
Decision Date:	08/06/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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 neck pain, chronic wrist pain, chronic hand pain, chronic shoulder pain, and chronic thumb pain reportedly associated with an industrial injury of August 1, 2006.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; unspecified amounts of physical therapy and acupuncture; and unspecified amounts of chiropractic manipulative therapy.In a Utilization Review Report dated December 30, 2013, the claims administrator denied requests for Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. The applicant's attorney subsequently appealed.In a December 17, 2013 letter of medical necessity, the attending provider apparently sought authorization for these and other drugs, namely Dicopanol, Deprizine, Fanatrex, Synapryn, and Tabradol, through a form letter. No rationale or justification for selection of these particular agents was provided. On December 3, 2013 the applicant was described as having neck pain, shoulder pain, hand pain, and wrist pain. The applicant apparently stated that the medications in question were affording her with unquantified analgesia. The applicant's work status was not furnished on this occasion. No rationale for selection of these particular agents was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEPRIZINE 15MG/ML ORAL SUSPENSION, 250 ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/deprizine.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence Deprizine Side Effects in Detail - Drugs.com (www.drugs.com).

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as Deprizine (ranitidine) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the highly templated progress note provided does not make any mention of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

SYNAPRYN 10MG/ML ORAL SUSPENSION, 500ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://drugsdb.ru/drug.php?d=Synapryn...

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine topic Page(s): 50;. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Synapryn Medication Guide.-SYNAPRYN, (tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit).

Decision rationale: Synapryn, per the National Library of Medicine (NLM) is a compound comprising of tramadol and glucosamine. However, as noted page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of arthritis, and, in particular knee arthritis. In this case, however, the highly templated progress note provided does not make any mention of ongoing issues with arthritis or knee arthritis for which ongoing usage of glucosamine would be indicated. Since an ingredient in the compound carries unfavorable recommendation, the entire compound is considered not recommended. Therefore, the request for Synapryn is not medically necessary.

TABRADOL 1MG/ML ORAL SUSPENSION, 250ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/16309928.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Tabradol Medication Guide.

Decision rationale: Tabradol, per the National Library of Medicine (NLM) is an amalgam of cyclobenzaprine and other unspecified agents. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

DICOPANOL 5MG/ML ORAL SUSPENSION, 150ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/cdi/diphenhydramine.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine-Diphenhydramine (Dicopanol).

Decision rationale: The MTUS does not address the topic. As noted by the National Library of Medicine (NLM), Dicopanol (diphenhydramine) is indicated in the treatment of severe allergic reactions, motion sickness, and/or symptoms of Parkinson's disease. In this case, however, there was no mention of the applicant having any issues associated with allergic reactions, motion sickness, or Parkinson's disease on the progress notes provided. Therefore, the request is not medically necessary.

FANATREX 25MG/ML ORAL SUSPENSION, 420ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic Page(s): 7; 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM), Gabapentin (Fanatrex).

Decision rationale: Fanatrex, per the National Library of Medicine, is a brand name variant of gabapentin. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of gabapentin as a first-line agent in the treatment of neuropathic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication into his choice of recommendations. In this case, however, there has been no discussion of medication efficacy. The attending provider simply filled and refilled this prescription on several occasions, without any discussion of the applicant's work status, functional status, and/or response to earlier treatment. It appeared, moreover, that the applicant was still reporting complaints of 8-9/10 pain on an office visit of October 8, 2013, despite ongoing medication usage, including ongoing Fanatrex usage. The applicant did not, moreover,

appear to be working on this date, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Fanatrex (gabapentin). Therefore, the request is not medically necessary.