

Case Number:	CM14-0008910		
Date Assigned:	02/12/2014	Date of Injury:	03/31/2010
Decision Date:	06/27/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/21/2014

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 patient is a 50-year-old female who has filed a claim for cervical sprain and radiculopathy associated with an industrial injury date of March 31, 2010. Review of progress reports indicates that the patient has complaints of neck pain radiating to bilateral upper extremities associated with spasms, numbness, and tingling; bilateral shoulder pain; bilateral elbow pain radiating to the hands and fingers, with numbness and tingling; bilateral wrist pain radiating to the fingers, associated with weakness, numbness, and tingling; chest pain; mid back pain with muscle spasms; low back pain radiating down bilateral lower extremities, associated with spasms, numbness, and tingling; and burning bilateral knee pain. Patient also experiences stress, anxiety, insomnia, and depression. Findings include tenderness of the affected body parts with decreased range of motion. There are findings suggestive of cervical and lumbar radiculopathy, bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral knee meniscal injury, and decreased sensation and motor strength of bilateral wrists and bilateral lower extremities. Treatment to date has included Fanatrex, Synapryn, ketoprofen cream, Deprizine, Tabradol, cyclophene, and Dicopanol. Utilization review from December 26, 2013 denied the request for Fanatrex, Synapryn, ketoprofen cream, Deprizine, Tabradol, cyclophene, and Dicopanol.

IMR ISSUES, DECISIONS AND RATIONALES

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

FANATREX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 18-19.

Decision rationale: Fanatrex is gabapentin with other proprietary ingredients in oral suspension. According the Chronic Pain Medical Treatment Guidelines, gabapentin is used to treat diabetic painful neuropathy and postherpetic neuralgia. However, there is no rationale provided for the medical necessity of an oral suspension. It is not indicated as to why first-line pain medications are not used in this patient. The requested quantity is not specified. Therefore, the request is not medically necessary.

SYNAPRYN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Chronic Pain - Medical Food

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine - dailymed.nlm.nih.gov

Decision rationale: The California MTUS Guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, The National Library of Medicine was used instead. A search of online resources revealed that Synapryn contains tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine. This drug has not been found by FDA to be safe and effective, and is not approved by the FDA. The requested quantity is not specified. Furthermore, there is no clear rationale identifying why a first-line pain medication is not used, or why a compound/oral suspension is needed for this patient. There is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.

KETOPROFEN CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA-approved for topical application. It has an extremely high incidence of photocontact dermatitis. It is not indicated as to why first-line pain medications are

not used in this patient. In addition, the requested quantity is not specified. There is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.

DEPRIZINE (RANITIDINE 15MG/ML COMPUND SUSPENSION): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR), 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Depirizine: drugs.com

Decision rationale: The California MTUS Guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the website drugs.com was used instead. Depirizine is ranitidine with other proprietary ingredients in oral suspension. It is used to treat and prevent ulcers in the stomach and intestines. There is no documentation regarding gastrointestinal symptoms in this patient. In addition, there is no rationale provided for the medical necessity of an oral suspension. Therefore, the request is not medically necessary.

TABRADOL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexaril), Page(s): 41-42. Decision based on Non-MTUS Citation US National Institutes of Health (NIH) and National Library of Medicine (NLM), PubMed, 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation The National Library of Medicine - dailymed.nlm.nih.gov

Decision rationale: Tabradol is cyclobenzaprine hydrochloride with MSM in oral suspension. The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Muscle relaxants are not recommended for topical applications. In addition, Methylsulfonylmethane (MSM) is not FDA approved. It is not indicated as to why first-line pain medications are not used in this patient. In addition, the requested quantity is not specified. There is no discussion concerning the need for variance from the guidelines. Therefore, the request is not medically necessary.

CYCLOPHENE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Chronic Pain - Medical Food

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: Cyclophene contains cyclobenzaprine hydrochloride and other proprietary ingredients. According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical applications. It is not indicated as to why first-line pain medications are not used in this patient. In addition, the requested quantity is not specified. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for cyclophene is not medically necessary.

DICOPANOL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR), 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dicopanorl www.drugs.com

Decision rationale: The California MTUS Guidelines do not address this topic. According to the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the website www.drugs.com was used instead. Dicopanorl is diphenhydramine hydrochloride 5 mg/mL oral suspension. It is used to treat occasional sleeplessness and difficulty falling asleep. There is no discussion regarding use of first-line medications for the management of patient's insomnia. In addition, the requested quantity is not specified. There is also no rationale provided for the medical necessity of an oral suspension. Therefore, the request is not medically necessary.