

<b>Case Number:</b>	CM14-0101806		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 70-year-old male who reported an injury on 04/04/2012. The mechanism of injury was not stated. Current diagnoses include right shoulder effusion, synovitis and tenosynovitis of the right shoulder, a synovial cyst in the right shoulder, superior glenoid labrum lesion of the right shoulder, and osteonecrosis due to previous trauma in the right shoulder. The injured worker was evaluated on 04/23/2014. The injured worker reported 6/10 constant burning pain in the right shoulder. Physical examination revealed tenderness to palpation, multiple trigger points, AC joint arthrosis, decreased range of motion, intact sensation, decreased motor strength, and positive Neer and Hawkins testing. Treatment recommendations included continuation of the current medication regimen including Dicoprofanol, 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:

**Synapryn 10mg / 1ml oral suspension 500ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized this medication since 12/2013 without any evidence of objective functional improvement. There is also no indication that this injured worker is unable to safely swallow pills or capsules. Based on the clinical information received, the request for Synapryn 10 mg / 1 ml oral suspension 500 ml is not medically necessary.

**Tabradol 1mg/ml oral suspension 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the injured worker has utilized this medication since 12/2013. There is no documentation of objective functional improvement. There is also no indication that this injured worker cannot safely swallow pills or capsules. Based on the clinical information received, the request for Tabradol 1 mg/ml oral suspension 250 ml is not medically necessary.

**Deprizine 15mg/ml oral suspension 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69..

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no indication that this injured worker cannot safely swallow pills or capsules. Based on the clinical information received, the request for Deprizine 15 mg/ml oral suspension 250 ml is not medically necessary.

**Dicopanol (diphenhydramine) 5mg/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 [www.Drugs.com/pro/dicopanol.html](http://www.Drugs.com/pro/dicopanol.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. There is no documentation of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no indication that this injured worker cannot safely swallow pills or capsules. As such, the request for Dicopanol (diphenhydramine) 5 mg/ml oral suspension 250 ml is not medically necessary.

**Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/fanatrex.html](http://www.drugs.com/pro/fanatrex.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19..

**Decision rationale:** The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and postherpetic neuralgia. There is no documentation of neuropathic pain. There is also no indication that this injured worker cannot safely swallow pills or capsules. The medical necessity for the requested medication has not been established. As such, the request for Fanatrex (Gabapentin) 25 mg/ml oral suspension 420 ml is not medically necessary.