

<b>Case Number:</b>	CM14-0104238		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/16/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 neck, mid back, and low back pain reportedly associated with an industrial injury of March 16, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy to date. In a Utilization Review Report dated June 25, 2014, the claims administrator retrospectively denied Synapryn, Tabradol, Deprizine, Dicoprofanol, Fanatrex, Ketoprofen, and Cyclobenzaprine apparently dispensed on March 24, 2014. The applicant's attorney subsequently appealed. On May 7, 2014, the applicant transferred care to a new primary treating provider after having treated elsewhere for the preceding six weeks. The applicant reported multifocal neck, mid back, and low back pain. A variety of oral suspensions and topical compounds were endorsed, including Terocin, topical Ketoprofen, topical Cyclobenzaprine, Tabradol, and Deprizine. The applicant's work status was not clearly outlined. In an earlier note dated March 18, 2014, the applicant was given prescriptions for Mobic, Norflex, and Ultracet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for medications Synapryn, (duration and frequency unknown) dispensed on 5/24/2014 for treatment of neck, mid back and low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, 47. Decision based on Non-MTUS Citation National Library of Medicine (NLM) Synapryn Medication Guide

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection of the various and sundry topical compounds and/or oral suspensions at issue here, including Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, topical Ketoprofen, and/or topical Cyclobenzaprine, which are collectively deemed "not recommended," in ACOEM Chapter 3, Table 3-1, page 49. The applicant's earlier usage of numerous first-line oral pharmaceuticals, including Mobic, Norflex, Ultracet, etc., effectively obviated the need for the topical compounded drugs and suspensions at issue. Therefore, the request was not medically necessary.

**Retrospective Tabradol, (duration and frequency unknown) dispensed on 5/24/2014 for treatment of neck, mid back and low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, muscle relaxants such as Tabradol (Cyclobenzaprine) are "not recommended." In this case, it is further noted that the attending provider has failed to reconcile the fact that the applicant was earlier given a prescription for Norflex, another muscle relaxant, just prior to receiving Tabradol (Cyclobenzaprine), a second muscle relaxant. Therefore, the request was not medically necessary.

**Retrospective Deprizine, (duration and frequency unknown) dispensed on 5/24/2014 for treatment of neck, mid back and low back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM)

**Decision rationale:** The MTUS-adopted ACOEM Guidelines do not address the topic. The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the request, May 25, 2014. While the National Library of Medicine (NLM) notes that ranitidine (Deprizine) is indicated to treat heartburn, acid indigestion, gastroesophageal reflux disease, and related conditions. In this case, however, there is no mention of the applicant's having issues with reflux, heartburn, dyspepsia, GERD, etc., on or around the date in question, May 24, 2014. Therefore, the request was not medically necessary.

**Retrospective Dicopanor (duration and frequency unknown) dispensed on 5/24/2014 for treatment of neck, mid back and low back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Ranitidine Medication Guide

**Decision rationale:** The MTUS does not address the topic. While the National Library of Medicine (NLM) notes that Dicopanor (diphenhydramine) is indicated to treat allergic reactions, motion sickness, and/or Parkinsonism, in this case, however, there is no mention that the applicant is carrying any of the aforementioned diagnoses on or around the date in question, May 24, 2014. Therefore, the request was not medically necessary.

**Retrospective Fanatrex (duration and frequency unknown) dispensed on 5/24/2014 for treatment of neck, mid back and low back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Fanatrex Medication Guide

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the request, May 24, 2014. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, it is incumbent on an attending provider to discuss the "efficacy of the medication for the particular condition." In this case, however, the attending provider did not clearly state for what purpose Fanatrex was being employed. While the National Library of Medicine (NLM) notes that gabapentin (Fanatrex) can be employed to treat seizures, restless leg syndrome, and/or postherpetic neuralgia, in this case, the attending provider's May 24, 2014 progress note essentially amounted to a form letter. There was no explicit rationale for selection and/or ongoing usage of Fanatrex incorporated into this particular note. Therefore, the request was not medically necessary.

**Retrospective Ketoprofen topical (duration and frequency unknown) dispensed on 5/24/2014 for treatment of neck, mid back and low back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the Ketoprofen containing compound at issue are considered "not recommended." In this case, it is further noted that the applicant's earlier usage of multiple first-line oral pharmaceuticals including Mobic, Norflex, Ultracet, etc., effectively obviated the need for the Ketoprofen containing compound. Therefore, the request was not medically necessary.

**Retrospective Cyclobenzaprine topical (duration and frequency unknown) dispensed on 5/24/2014 for treatment of neck, mid back and low back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the cyclobenzaprine containing compound at issue are deemed "not recommended." In this case, it is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Mobic, Norflex, and Ultracet, etc., effectively obviated the need for the cyclobenzaprine containing topical compound. Therefore, the request was not medically necessary.