

<b>Case Number:</b>	CM14-0104310		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/30/2014
<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 Physical Medicine and Rehabilitation 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 injured worker is a 46-year-old female who sustained an injury on 03/31/2006. As per the progress report dated 6/17/14 by [REDACTED], the patient presented with radicular pain and muscle spasms with numbness and tingling into the lower extremities bilaterally. She stated that the symptoms persisted but the medications did offer her temporary relief of pain and provided her ability to have restful sleep. On exam of the cervical spine there were tenderness at the paraspinals, trapezius and scalene muscles, decreased ROM and decreased sensations and myotomes bilaterally. Exam of the lumbar spine found a well-healed incision, heel-toe walk without pain, tenderness at the bilateral PSIS, decreased ROM, positive tripod and flip tests bilaterally, and decreased sensations and myotomes bilaterally. MRI of the lumbar spine dated 11/26/13 revealed that disc protrusions and extrusions were seen throughout the mid to lower lumbar spine, measuring approximately 3-5mm in diameter. MRI of the cervical spine showed multilevel spondyloarthropathy seen with disc bulges and protrusions throughout the cervical spine demonstrating central spinal canal stenosis. EMG of the lower extremity dated 1/30/14 revealed abnormal study of the lumbar spine and lower extremities in a pattern consistent with L4-L5 and L5-S1 radiculopathy. Other past treatments include physical therapy, acupuncture, chiropractic, massage, epidural steroid injections, medications, and laminectomy and discectomy surgery on 04/06/06. The patient has been using Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex since at least 2011. Diagnoses include cervicalgia, status post lumbar spine laminectomy with residual pain, lumbar radiculopathy and post-traumatic stress disorder. The request for 1 prescription Synapryn, 1 prescription Tabradol, 1 prescription Deprizine, 1 prescription Dicopanol, and 1 prescription Fanatrex was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription Synapryn: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-94.

**Decision rationale:** Synapryn contains tramadol hydrochloride and glucosamine as active ingredients, therefore the Tramadol guidelines were used in this conclusion. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It is not clear as to why the commercially available Tramadol has not been prescribed. Also, there is no mention of reason for prescribing glucosamine, which is a controversial supplement in combination with Tramadol. Therefore, the request for Synapryn is not medically necessary.

**1 prescription Tabradol: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42 & 64.

**Decision rationale:** Tabradol contains methylsulfonylmethane (MSM) and cyclobenzaprine. As per CA MTUS guidelines, cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The medical records do not document the presence of substantial muscle spasm unresponsive to first-line therapy. The rationale for methylsulfonylmethane (MSM), a supplement, has not been mentioned. Additionally, it is unclear as to why the injured worker is unable to take commercially available pill or capsule orally, and as such, the request for Tabradol is not medically necessary and is non-certified.

**1 prescription Deprizine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** As per CA MTUS guidelines, Deprizine suspension contains Ranitidine, an H2 receptor antagonist which can be considered when there is concurrent use of SSRI's (selective serotonin reuptake inhibitors) and NSAIDs (non-steroidal anti-inflammatory drugs)

which have excess relative risk of serious upper GI events. Records submitted revealed no documentation of subjective or objective GI events or ulcers to warrant the use of this medication. Additionally, it is unclear why the IW (injured worker) is unable to take commercially available pill or capsule orally. Therefore, the request for Deprizine is not medically necessary or appropriate.

**1 prescription Dicopanol: Upheld**

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

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

**Decision rationale:** CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, Dicopanol (diphenhydramine) is sedating antihistamines have been suggested for sleep aids. Further guidelines indicate "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance". Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The records provided do not adequately discuss the patient's insomnia and justification for diphenhydramine use which fits within guidelines. Therefore, the request for Dicopanol is non-certified.

**1 prescription Fanatrex: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**Decision rationale:** Fanatrex is a combination of gabapentin and glucosamine sulphate. As per CA MTUS guidelines, gabapentin may be used for a first-line treatment for neuropathic pain, such as in diabetic polyneuropathy or postherpetic neuralgia. There is little to no description of neuropathic pain in this IW. Also, it is unclear as to why the patient is unable to take commercially available pill or capsule orally. Therefore, the request for Fanatrex is not medically necessary and is non-certified.