

<b>Case Number:</b>	CM14-0104409		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/12/2014
<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 & Rehabilitation has a subspecialty in Pain 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 injured worker is a 53-year-old male who reported an injury on 05/22/2006. The mechanism of injury was noted to be picking something up while doing carpentry work. His diagnoses were noted to be lumbar region radiculopathy, lumbar region disc displacement, and status post lumbar spine surgery with residual pain. Treatments were noted to be physical therapy and acupuncture. The injured worker had diagnostic testing of a CT scan of the lumbar spine in 12/2009. Surgical history includes lumbar surgery. There is subjective complaints of numbness and tingling of the bilateral lower extremities. He stated symptoms persist but medications offer temporary relief of pain and improve ability to have restful sleep. The objective physical exam findings include a well healed surgical incision at the low back. Pain with toe walking was noted. There was pain upon toe touch with fingers at 6 inches from the ground. There was tenderness in the lumbar paraspinal muscles and spinous process. Decreased range of motion was noted with a positive straight leg raise at 40 degrees. There was decreased sensation and motor strength in the bilateral lower extremities. Medications were noted to be Dicopanol, Deprizine, Fanatrex, and Tabradol. The treatment plan is for physical therapy. The provider's rationale for the request was not noted. A Request for Authorization form was not provided with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fanatrex 25mg/ml oral suspension 420 ml:** 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 - Compound drugs (Wynn, 2011) [www.dailymed.nlm.nih.gov](http://www.dailymed.nlm.nih.gov):Fanatrex is a compounding kit. <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=8c3ce84f-336b-4e8e-9593-81baec57ec46> FANATREX(gabapentin25mg/mL, in oral suspension-kit).

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

**Decision rationale:** The oral suspension of Gabapentin requested as Fanatrex is not addressed by the California MTUS Chronic Pain Medical Treatment Guidelines. Gabapentin is recommended for diabetic neuropathy. The guidelines state that combination therapy is only recommended if there is no change with first line therapy, with the recommend change being at least 30%. Additional documentation will be required to assess the medical necessity for the oral suspension of Fanatrex. In addition, the provider's request fails to provide a frequency. As such, the request for Fanatrex 25 mg/mL oral suspension is not medically necessary and appropriate.