

Case Number:	CM14-0018953		
Date Assigned:	05/07/2014	Date of Injury:	02/11/2013
Decision Date:	07/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/14/2014

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 filed a claim for chronic elbow, shoulder, and wrist pain reportedly associated with an industrial injury of February 11, 2013. Thus far, the applicant has been treated with the following, analgesic medications; attorney representations; topical compounds; and unspecified amounts of chiropractic manipulative therapy. The claims administrator did not incorporate cited the non-MTUS ODG or FDA guidelines into its rationale, simply stating that the reader should refer to the ODG section on chronic pain subsection under medication/compound drugs for further information of its denial. The applicant's attorney subsequently appealed. In a progress note dated December 9, 2013, the applicant represented with persistent neck, shoulder, wrist, low back pain, ranging from 8-9/10. The applicant stated that his pain complaints were interfering with sleep. The applicant was asked to pursue extracorporeal shockwave therapy, physical therapy, and wrist braces. The applicant's work status was not furnished. Various agents, including compounded ketoprofen, compounded cyclophene, Dicoprofanol, Deprazine, Fanatrex, Synapryn, and Tabradol were provided. No rationale for usage and/or selection of these particular agents was furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNAPRYN 10MG/1ML 500ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS page 50, Glucosamine topic.2. National Library of Medicine (NLM), Synapryn Drug Guide Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of pain associated with arthritis and, in particular, knee arthritis. In this case, however, the applicant's pain complaints pertain principally to the low back, neck, shoulder, elbow, and wrist. There was no mention of arthritis or knee arthritis for which ongoing usage of glucosamine would be indicated. Since the glucosamine ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended. Therefore, the request is not medically necessary.

TABRADOL 1MG/ML 250 ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 111-113, Topical Analgesics topic. Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria>
TABRADOL - DailyMeddaily.med.nlm.nih.gov/dailymed/lookup.cfm?setid=5d19ef8b-eef3...--
TABRADOL (cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit).National Library of Medicine (NLM), Tabradol Medication Guide.

Decision rationale: Tabradol, per the National Library of Medicine (NLM) is an amalgam of cyclobenzaprine and other proprietary compounds. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, however, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

DEPRIZINE 15MG/ML 250 ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> Deprizine - Providers - Optima Healthproviders.optimahealth.com/Drug%20Authorizations/PADeprizine.pdf--Jun 2, 2011 - Deprizine is indicated for short-term and maintenance therapy of duodenal ulcer, gastric ulcer, gastroesophageal reflux disease (GERD), ...Deprizine Medication Guide.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of H2 antagonist such as ranitidine in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of any ongoing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would support usage of Deprizine (ranitidine). Therefore, the request is not medically necessary.

DICOPANOL (DIPHENHYDRAMINE) 5MG/ML 150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <Insert Other Basis/Criteria> <http://www.pdr.net/full-prescribing-information/benadryl-allergy?druglabelid=300> BENADRYL® ALLERGY Active ingredient (in each tablet/capsule) Purpose Diphenhydramine HCl 25 mg Antihistamine Uses-temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:- runny nose - sneezing - itchy, watery eyes - itching of the nose or throat-temporarily relieves these symptoms due to the common cold:- runny nose - sneezing Physician's Desk Reference (PDR), Benadryl Medication Guide.

Decision rationale: The MTUS does not address the topic of diphenhydramine usage. As noted in the Physician's Desk Reference (PDR), Benadryl or diphenhydramine is used to alleviate issues with runny nose, allergies, rhinitis, sneezing, etc. In this case, however, there were no clearly voiced symptoms of allergies, rhinitis, watery eyes, etc. for which ongoing usage of Dicopanor (diphenhydramine) would be indicated. Therefore, the request was not medically necessary.