

<b>Case Number:</b>	CM14-0112989		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Louisiana. 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 patient is a 63 year old male who sustained a cumulative trauma on 07/27/2012 due to repetitive activity. Toxicology report dated 01/02/2014 detected no medications. Toxicology screen dated 04/17/2014 detected no medications and prescribed medications reported were Terocin and Ketoprofen. Progress report dated 08/15/2014 states the patient complained of headaches, rated as 7/10 with hearing loss and visual disturbances. The patient also complained of low back pain with muscle spasms. He rated his pain as 8/10 with associated numbness and tingling of bilateral lower extremities. He has bilateral knee pain rated as 6/10 on the left and 7/10 on the right. On exam, the lumbar spine revealed tenderness to palpation at the bilateral PSIS and left sided lumbar paraspinal muscle guarding. The spinous processes at L2-L5 are tender to palpation. Range of motion of the lumbar spine revealed flexion at 35 degrees; extension at 15; left lateral flexion at 15; and right lateral flexion at 10. Straight leg raise is positive at 35 on the right and 45 on the left. There is tenderness to palpation over the medial and lateral joint line bilaterally. Knee flexion on the right is at 95 degrees and left is at 120 degrees; extension is at -05 degrees bilaterally. The patient is diagnosed with low back pain, lumbar spine sprain of the ligament, bilateral knee sprain, and bilateral ankle sprain. The patient has been recommended for Synapryn 10 mg, Dicopanol 5 mg, Deprizine 5 mg, Fanatrex 25 mg, Terocin, and Tabradol. He has also been recommended for EMG/NCV of bilateral lower extremities and urine drug screen. Prior utilization review dated 06/24/2014 states the request for Synapryn 10mg/ml oral suspension #500ml; Dicopanol 5mg/ml oral suspension #150ml; LINT sessions for lumbar spine #6; Deprizine 5mg/ml #250ml; Fanatrex 25mg/ml oral suspension #420ml; Tabradol 1mg/ml oral suspension #250ml; Terocin patches; EMG study of bilateral lower extremities; NCV study of bilateral lower extremities; Flurbiprofen / Capsaicin / Tramadol / Menthol cream; and Urine drug screen #1.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: <http://www.drugs.com/cons/fusepaq-synapryn.html>

**Decision rationale:** According to the guidelines, Synapryn is a compounding kit for oral suspension of Tramadol and Glucosamine. Guidelines do not have any return discussion or guideline recommendation on Synapryn. Given the lack of supporting literature for the oral compounding of Tramadol and Glucosamine over commercially available oral forms and the lack of supporting documentation of the necessity of oral suspension, the request is not medically necessary at this time.

**Dicopanol 5mg/ml oral suspension #150ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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: <http://www.drugs.com/pro/dicopanol.html>

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Dicopanol is a compounding kit for oral suspension of diphenhydramine. Guidelines do not have any return discussion or guideline recommendation on Dicopanol. Given the lack of supporting literature for the oral compounding of diphenhydramine over commercially available oral forms and the lack of supporting documentation of the necessity of oral suspension, the request is not medically necessary at this time.

**LINT sessions for lumbar spine #6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

**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: <http://www.unilim.fr/campus-neurochirurgie/IMG/pdf/neurostimulation.pdf>

**Decision rationale:** The Official Disability Guidelines do not provide any evidence based recommendation and no scientific literature has addressed the issue of localized intense

neurostimulation therapy. There is no description of what the procedure is, or any supporting documentation on how it is intended to cure or relieve back pain. Therefore, with the lack of supporting documents, the request for this type of therapy is not medically necessary.

**Deprizine 5mg/ml #250ml: Upheld**

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

**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: <http://www.drugs.com/pro/deprizine.html>

**Decision rationale:** According to the guidelines, Deprizine is a compounding kit for oral suspension of ranitidine. Guidelines do not have any return discussion or guideline recommendation on Deprizine. Given the lack of supporting literature for the oral compounding of ranitidine over commercially available oral forms and the lack of supporting documentation of the necessity of oral suspension, the request is not medically necessary at this time.

**Fanatrex 25mg/ml oral suspension #420ml: Upheld**

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

**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: <http://www.drugs.com/pro/fanatrex.html>

**Decision rationale:** According to the guidelines, Fanatrex is a compounding kit for oral suspension of gabapentin. Guidelines do not have any return discussion or guideline recommendation on Fanatrex. Given the lack of supporting literature for the oral compounding of gabapentin over commercially available oral forms and the lack of supporting documentation of the necessity of oral suspension, the request is not medically necessary at this time.

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

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

**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: <http://www.drugs.com/cons/fusepaq-tabradol.html>

**Decision rationale:** According to the guidelines, Tabradol is a compounding kit for oral suspension of Cyclobenzaprine and Methylsulfonylmethane. Guidelines do not have any return discussion or guideline recommendation on Tabradol. Given the lack of supporting literature for

the oral compounding of Cyclobenzaprine and Methylsulfonylmethane over commercially available oral forms and the lack of supporting documentation of the necessity of oral suspension, the request is not medically necessary at this time.

**Terocin patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines were consulted in regards to topical medications, such as Terocin patches. The guidelines state that if any compound product that contains at least one drug or drug class that is not recommended, then that compound in total is not recommended. Terocin contains Lidocaine, Capsaicin, Salicylate, and Menthol. In this case, there is a lack of supporting documentation indicating failure to a more appreciate first-line of treatment and at least one drug in Terocin that has no evidence-based recommendation therefore, this is not medically necessary at this time.

**Electromyography (EMG) study of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Electromyography

**Decision rationale:** According to the Chronic Medical Pain Treatment Guidelines, Electromyography may be useful to identify subtle, focal neurologic dysfunction in patients with symptoms lasting more than three to four weeks. Guidelines also states it may be used to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but are not necessary if radiculopathy is already clinically obvious. In this case, there is no supporting documentation indicating any conservative therapy to support the guideline recommendations therefore, the request is not medically necessary.

**Nerve Conduction Velocity (NCV) study of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Nerve conduction study

**Decision rationale:** According to the Official Disability Guidelines, Nerve Conduction Studies are not recommended when patients presumed to have symptoms on the basis of radiculopathy. In this case, there is no supporting documentation that a thorough examination was performed to indicate the presence of radiculopathy to support the necessity of a NCS therefore, this request is not medically necessary.

**Flurbiprofen/Capsaicin/Tramadol/Menthol cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Based on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anticonvulsants have failed. It is recommended for short term use, and there are no long-term studies of their effectiveness or safety. In this case, there is no supporting documentation or clear rationale for the use of the topical Tramadol in this compound. This request is not supported by guideline recommendation therefore, it is not medically necessary.

**Urine drug screen #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screens: Opioids, On-Going Management.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note that drug testing is recommended as an option using urine drug screen to assess for the use or the presence of illegal drugs. Official Disability Guidelines state that a urine drug test is recommended as a tool to monitor compliance with prescribed substances, identifying use of undisclosed substance, and uncover diversions of prescribed substance. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust, or discontinue treatment. Claimants at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. The documentation indicated routine drug screens however, there is no supporting documentation of clear rationale as to the necessity of additional drug screening as there is no documented aberrant behavior, or signs of misuse. Therefore, the request is not medically necessary.