

Case Number:	CM14-0129980		
Date Assigned:	08/20/2014	Date of Injury:	10/25/2012
Decision Date:	12/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 56-year-old female who reported an injury on 10/25/2012 due to picking up equipment that weighed around 75 pounds she felt a pain in her shoulder and upper back. Diagnoses were other cervical disc displacement, unspecified cervical region; sprain of ligaments of cervical spine; radiculopathy, cervical region; status post right shoulder arthroscopy; rotator cuff of left shoulder; primary osteoarthritis, left shoulder; primary osteoarthritis, right shoulder; bilateral shoulder tendonitis; bilateral shoulder rotator cuff tear; right biceps tenosynovitis; effusion, bilateral shoulders; bursitis of right shoulder; lateral epicondylitis, right elbow; other bursitis of elbow, right elbow; effusion, right elbow; pain in left elbow; ganglion, bilateral wrist; sprain/strain of thoracic spine; other intervertebral disc displacement, lumbar region; radiculopathy, lumbar; bilateral primary osteoarthritis of the knee; effusion, bilateral knee; synovial cyst to popliteal space (Baker), left knee; other tear of medial meniscus; current injury, bilateral knee; right ankle plantar fasciitis; secondary osteoarthritis, right ankle and foot; secondary osteoarthritis, left ankle and foot; effusion, bilateral ankle; joint derangement, bilateral ankle; anxiety disorder, mood disorder, stress and sleep disorder. Surgeries were left arm surgery in 09/2013. Past treatments were medications, x-rays, MRI scan and physical therapy. The injured worker had multiple complaints. Physical examination on 06/04/2014 revealed pain in the cervical spine, bilateral shoulders, bilateral ankles, bilateral wrists, thoracic spine, lumbar spine and bilateral knees. Neck pain was rated a 7/10 to 8/10. Elbows and wrist rated anywhere between 3/10 to 5/10 and 4/10 to 8/10. Examination revealed range of motion for the cervical spine was limited. There was crepitus noted with ranges of motion for bilateral shoulders. Range of motion for the thoracic spine was limited. Medications were Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine and Ketoprofen cream. Treatment plan was to continue

medications as directed and referral to an orthopedic surgeon for consultation. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral Suspensions: Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The Official Disability Guidelines state compound medications should include at least one drug substance (or active ingredient) that is the sole active ingredient in an FDA-approved prescription drug, not including OTC drugs. The guidelines note compounded medications should include only bulk ingredients that are components of FDA-approved drugs that have been made in an FDA-registered facility and have an NDC code and should not include a drug that was withdrawn or removed from the market for safety reasons and is not a copy of a commercially available FDA-approved drug product. The guidelines also note the medications should include only drug substances that have been supported as safe and effective for the prescribed indication by the FDA-approval process and/or by adequate medical and scientific evidence in the medical literature. The documentation lacks evidence of this medication providing desired effects for the injured worker. There was a lack of an adequate and complete pain assessment within the documentation. It was unclear why the injured worker would require compounded oral suspension medications as opposed to non-compounded traditional oral medications. It did appear the injured worker has significant difficulties taking traditional tablet medications which would indicate the injured workers need for the compounded oral suspension medications. Therefore Oral Suspensions: Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex is not medically necessary.