

Case Number:	CM14-0020558		
Date Assigned:	04/30/2014	Date of Injury:	09/13/2013
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/19/2014

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 Family 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:

This injured worker's date of injury is 09/13/2013. The patient's treating physician is treating the patient for chronic neck, back, bilateral shoulder, bilateral elbow, bilateral wrist pain, and insomnia. The physician stated in his note dated 12/30/2013 the patient had constant headaches, neck muscle spasms, burning radiating shoulder pain with radiation, burning elbow pains, stabbing wrist pain, dull mid back spasms, and low back pain. On exam, cervical distraction test was positive, shoulder ROM reduced, elbows had positive Cozen's sign, tenderness at the wrist carpal tunnel, tenderness to palpation of the thoracic spine, and SLR exam positive at 60 degrees. The physician has requested a compounded liquid medication taken orally: SYNAPRYN / TABRADOL / DEPRIZINE / DICOPANOL / FANATREX.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORAL SUSPENSION: SYNAPRYN / TABRADOL / DEPRIZINE / DICOPANOL / FANATREX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Chronic Pain section Medication-compound drugs.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Synaprine contains tramadol, an opioid. California MTUS Guidelines require that there must be ongoing documentation of pain relief, functional status, side effects, and any use or abuse of opioids in the medical record. A review of the medical records did not contain these facts. Tramadol is typically prescribed in pill form and different strengths are available, allowing for dose adjustment. In this request, tramadol is part of a compounded oral preparation, making titration and dose adjustment difficult. Additionally, tramadol is not recommended as a first-line analgesic. Tabradol contains methylsulfonylmethane (MSM), a supplement, and cyclobenzaprine, a muscle relaxer. MSM is not FDA approved for treating any medical condition. The MTUS Guidelines do not recommend adding cyclobenzaprine to other medications. Dicopanil is diphenhydramine, an antihistamine. This antihistamine is available over the counter and is medically indicated for allergy. Some over the counter products that contain diphenhydramine are marketed for the temporary relief of insomnia; however, tolerance develops and it is not recommended for long-term use. Given that this agent is part of a compounded liquid medicinal, dose adjustment is challenging. Fanatrex contains glucosamine, which is a supplement, which is not FDA approved for any of the medical problems contained in the medical record. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Therefore the request is not medically necessary.