

<b>Case Number:</b>	CM14-0028141		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Orthopaedic Surgery 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 female who was reportedly injured on September 4, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated April 18, 2014, indicated that there were ongoing complaints of dull bilateral wrist and hand pains, which is constant, moderate to severe. Left pain is 5-6/10 and right pain is 6/10. The injured employee had burning radicular low back pain and muscle spasms 7-8/10. The pain is constant, moderate to severe, with numbness and tingling of the left lower extremity. The physical exam demonstrated generalized numbness of both hands, decreased range of motion, positive Phalen's test bilaterally. Lumbar spine revealed tenderness to palpation of paraspinal muscles, lumbosacral junction, decreased range of motion of the lumbar spine and both ankles, decreased sensation of the feet and decreased sensation of myotomes. There were no diagnostic studies for review. Previous treatment included lumbar sacral bracing, trigger point injections, localized intense neurostimulation and multiple oral suspension agents. A request was made for synapryn and Tabradol 1mg/ml, Deprizine, Dicopanor and Fanatrex which were not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SYNAPRYN 10MG/1ML ORAL SUSPENSION 500ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** Synapryn 10mg/ml is a compound of Tramadol and Glucosamine in a suspension. Currently, it is not Food and Drug Administration approved. There is no documentation as to why the patient is unable to take oral meds that are Food and Drug Administration approved and that are not compounded. Therefore, the request is not medically necessary.

**TABRADOL 1MG/ML ORAL SUSPENSION 250ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine ( Flexeril, Fexamid).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 41, 64.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that any compound that contains at least one drug or drug class is not recommended. Tabradol contains cyclobenzaprine with methylsulfonylmethane (MSM) in an oral suspension. MSM is not Food and Drug Administration approved. Also, muscle relaxants are used for short term. The date of injury does not support the use of muscle relaxants. The request is not medically necessary.

**DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** Based on the clinical history and findings, there is no rationale provided to indicate the necessity for oral suspension of Ranitidine. There is no report of any gastrointestinal distress or history of peptic ulcer disease. Therefore, the request is not medically necessary.

**DICOPANOL (DIPHENHYDRAMINE) 5MG/ML ORAL SUSPENSION 150ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) < ODG -TWC / ODG INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES; PAIN (CHRONIC) - (UPDATED 6/10/14).

**Decision rationale:** Based on the patient's clinical history, there is no documentation for the use of an oral suspension antihistamine for sleep or any oral agent. Therefore, the request is denied, since it is not medically necessary.

**FANATREX (GABAPENTIN) 25 MG/ML 420ML:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** Based on the physical exam and the lack of documentation with diagnostic studies, there is no rationale provided for the oral suspension of Gabapentin. The request for the medication is not medically necessary.