

<b>Case Number:</b>	CM14-0038371		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Nevada. 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 records presented for review indicate that this 47 year-old individual was reportedly injured on May 4, 2012. The mechanism of injury is not listed in these records reviewed. There were no progress notes presented for review. The physical examination is not noted. Diagnostic imaging studies (MRI the lumbar spine) noted ordinary disease of life disc degenerative changes, specifically disc desiccation and joint space narrowing. No acute osseous abnormalities are reported. Previous treatment includes multiple medications. A request had been made for multiple medications and was denied in the pre-authorization process on March 7, 2014.

### 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 FDA, Synapryn

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

**Decision rationale:** This is an oral suspension of the medication tramadol. Tramadol is indicated when there has been a failure of first-line analgesic medications to address the complaints. However, given the lack of medical records presented for review, there is no

indication that this medication any efficacy or utility in regards to increase functionality or decrease pain complaints. Therefore, based on this limited clinical ration this is not medically necessary.

**Tabradol 1mg/ml 250ml:** Upheld

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

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

**Decision rationale:** This medication is an oral suspension of the medication Cyclobenzaprine. Cyclobenzaprine is indicated for the short-term treatment of acute myofascial strain. There is no clinical indication presented, nor is there literature support for chronic or indefinite use of this medication. Furthermore, there are no physical examination findings presented to demonstrate the efficacy or utility of this medication. Therefore, when noting the parameters identified in the MTUS tempered with the lack of any clinical improvement there is no clinical indication or medical necessity demonstrating the need for the continued uses medication. As such, this request is not medically necessary.

**Deprizine 15mg/ml 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): 67-68.

**Decision rationale:** This medication is a compound oral suspension preparation of a protein pump inhibitor. This medication is indicated for the treatment of gastroesophageal reflux disease or as a protectorate for non-steroidal medications. When noting the date of injury, the injury sustained, the current physical examination presented for review as well as the specific notation there were no gastrointestinal complaints or findings on physical examination. There is simply no clinical indication presented for the medical necessity of this operation. Therefore, this is not clinically indicated or medically necessary.

**Dicopanol 5mg/ml 150ml:** 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): 65.

**Decision rationale:** This medication is an oral suspension of an antihistamine designed to treat spasticity. The lack of progress notes do not support that there is any spasticity or injury resulting in spasticity. Therefore, based on the complete lack of clinical information presented for review tempered by the parameters noted in the MTUS there is no clear clinical indication establishing the medical necessity of this oral suspension.

**Fanatrex 25mg/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): 16-18.

**Decision rationale:** This is an oral suspension compounded medication basically gabapentin. Primarily indicated to treat seizures, and off label use has been noted to address neuropathic pain lesion. There are no specific neuropathic lesions identified in the progress notes presented for review. Therefore, the medical necessity of this preparation has not been established.