

<b>Case Number:</b>	CM14-0041921		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for posttraumatic headaches, neck pain, and hearing loss reportedly associated with an industrial injury of July 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; oral suspension; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for Fanatrex, Synapryn, and Terocin while partially certifying a request for 18 sessions of physical therapy as six sessions of physical therapy. An ophthalmology consultation was also approved. The applicant's attorney subsequently appealed. In a medical-legal evaluation of April 12, 2012 the applicant apparently had not returned to work since the date of injury, it was acknowledged, owing to issues with severe headaches and balance problems. On June 24, 2014, the applicant was receiving infrared therapy and acupuncture therapy. On June 16, 2014, the applicant presented with persistent complaints of headaches, neck pain, dizziness, and psychological stress, collectively rated at 8-9/10. The applicant was given prescriptions for Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, and topical Terocin patches. The applicant was placed off of work, on total temporary disability. No discussion of medication efficacy was incorporated into the progress note. It appears that many of the same prescriptions were also endorsed on a June 11, 2014 progress note, on which the applicant also reported 8-9/10 dizziness, eye pain, ear pain, nausea, stress, anxiety, and depression. The applicant was also placed off of work, on total temporary disability, on that occasion. Extracorporeal shockwave therapy, topical Terocin, and consultations with an internist, pain management physician, and psychologist were sought on May 19, 2014. The applicant was again placed off of work, at that point in time. Severe pain complaints were also reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Prospective request for Unknown prescription for Fanatrex: 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 19, Gabapentin section. Page(s): 19.

**Decision rationale:** The request in question represents a renewal request for Fanatrex or gabapentin. However, as noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Fanatrex or gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints appear to be heightened from visit to visit as opposed to reduce from visit to visit. Ongoing usage of Fanatrex (gabapentin), in short, does not appear to produce any lasting benefit or functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

### **Prospective request for Unknown prescription for Synapryn: 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 80, When to Continue Opioids topic. Page(s): 80. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide.

**Decision rationale:** One of the ingredients in the compound is tramadol, a synthetic opioid. The request in question does represent a renewal request. However, the applicant does not meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant's pain complaints appear to be heightened and are consistently described in the 7-9/10 range, despite ongoing usage of Synapryn. There have been no concrete or tangible improvements in functions outlined as having been achieved as a result of ongoing Synapryn usage. Since one ingredient in the compound is not recommended, the entire compound is considered not recommended. Therefore, the request is not medically necessary.

### **Prospective request for Unknown prescription for Terocin Lotion: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines page 111, Topical Analgesics topic. Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the Terocin lotion in question. Therefore, the request is not medically necessary.

**Prospective request for 18 physical therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 99, Physical Medicine topic.2. MTUS page 8.3. MTUS 9792.20f. Page(s): 8, 99.

**Decision rationale:** The 18 sessions of treatment proposed, in and of itself, represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including oral suspensions and topical compounds which are also the subjects of dispute. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite pursuit of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request is not medically necessary.