

Case Number:	CM14-0042236		
Date Assigned:	06/30/2014	Date of Injury:	08/27/2009
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62-year-old male with an injury date of 08/27/2009. According to the 03/27/2014 progress report, the patient complains of burning, radicular lower back pain and rates his pain as an 8/10 to 9/10. The patient is able to walk on heel and toe with some pain. Upon examination, there is tenderness to palpation over the lumbar paraspinal muscles and lumbosacral junction. There is also tenderness to palpation at the bilateral PSIS with a trigger point noted at the quadratus lumborum. The patient has a slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally. The patient's diagnoses include the following: 1. Lumbar spine sprain/strain, R/O HNP. 2. R/O lumbar radiculopathy. The request is for the following: 1. Oral suspension Sinopren 10 mg/mL. 2. Oral suspension Tabradol 1 mg/mL. 3. Oral suspension Deprizine 50 mg/mL. 4. Oral suspension Dicopan 5 mg/mL. 5. Oral suspension Fanatrex 25 mg/mL. The utilization review determination being challenged is dated 03/28/2014. Treatment reports were provided from 12/27/2013-06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral suspension: Synapryn 10mg/ml: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to the 03/27/2014 report, the patient presents with a burning radicular lower back pain, which he rates as an 8/10 to 9/10. The request is for an oral suspension Sinopren 10 mg/mL. Sinopren is an oral suspension that contains Tramadol and Glucosamine as well as other proprietary ingredients. MTUS in general for compounded medications, page 111 states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other proprietary ingredients are not disclosed. Since components of other proprietary ingredients are unknown, they cannot be compared against MTUS criteria and therefore, cannot be confirmed to be in accordance with MTUS. The request is not medically necessary.

Oral suspension: Tabradol 1mg/ml: 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 Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Based on the 03/27/2014 report, the patient presents with burning radicular lower back pain and rates the pain as an 8/10. The request is for an oral suspension Tabradol 1 mg/mL. Tabradol is an oral suspension containing Cyclobenzaprine, Methylsulfonylmethane and other proprietary ingredients. MTUS does not support Cyclobenzaprine, a muscle relaxant for a long-term use. If it is to be used, then only 2-3 days or no more than 2-3 weeks are recommended. In this case, Tabradol contains Cyclobenzaprine, and the treater does not indicate how long it is to be used and for what reason. The treater does not state that it is to be used for a short-term only. Furthermore, it is not known why the treater prescribes a compounded oral solution when oral pill forms are available. Recommendation is for denial.

Oral suspension: Deprizine 15mg/ml: 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 Topical Analgesics Page(s): 111.

Decision rationale: Based on the 03/27/2014 progress report, the patient presents with burning radicular lower back pain, which he rates as 8/10 to 9/10. The request is for oral suspension Deprizine 50 mg/mL. Deprizine is ranitidine (Zantac, H2 receptor antagonist) mixed with other proprietary ingredients in an oral suspension. MTUS in general for compounded medications, page 111 states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The other proprietary ingredients are not disclosed. Since components of other proprietary ingredients are unknown, they cannot be compared

against MTUS criteria and therefore, cannot be confirmed to be in accordance with MTUS. The request is not medically necessary.

Oral suspension: Dicopanol 5mg/ml: 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 Topical Analgesics Page(s): 111.

Decision rationale: Based on the 03/27/2014 progress report, the patient complains of a burning radicular lower back pain. The request is for an oral suspension Dicopanol 5 mg/mL. Dicopanol contains diphenhydramine and other proprietary ingredients. MTUS in general for compounded medications, page 111 states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The other proprietary ingredients are not disclosed. Since components of other proprietary ingredients are unknown, they cannot be compared against MTUS criteria and therefore, cannot be confirmed to be in accordance with MTUS. In this case, the treater has failed to document if the patient has insomnia and the prescribed medication for insomnia is not supported by MTUS. ODG Guidelines do not support diphenhydramine on a long-term basis for insomnia either. Recommendation is for denial.

Oral suspension: Fanatrex 25mg/ml: 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 Topical Analgesics Page(s): 111.

Decision rationale: Based on the 03/27/2014 progress report, the patient has burning radicular back pain, which he rates as 8/10 to 9/10. The request is for an oral suspension Fanatrex 25 mg/mL. Fanatrex is a compound, which includes Gabapentin, flavored oral suspension with Glucosamine, Stevia powder, Glycerin, and other products. MTUS in general for compounded medications, page 111 states, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The other proprietary ingredients are not disclosed. Since components of other proprietary ingredients are unknown, they cannot be compared against MTUS criteria and therefore, cannot be confirmed to be in accordance with MTUS Guidelines. The request is not medically necessary.