

<b>Case Number:</b>	CM14-0053461		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 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 87-year-old female who was reportedly injured on September 14, 2004. The mechanism of injury was noted as a slip and fall type event. The most recent progress note dated April 16, 2014, indicated that there were ongoing complaints of neck pain and bilateral upper extremity involvement. The physical examination demonstrated a decrease in cervical spine range of motion, tenderness to palpation throughout the entire cervical spine and sensory changes in the upper extremity in the C5 distribution. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, injections, chiropractic care and physical therapy. A request was made for multiple medications and was not certified in the pre-authorization process on April 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synapryn 10 mg/1 ml oral suspension 500 ml #1, date of service 03/08/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Agency Medical Director's Group (AMDG) Guidelines from Washington State, opioid dosing calculator <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=594bad96-d0e0-4a12-8a38-762962f54a66>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 82,113 of 127.

**Decision rationale:** This is a generic equivalent to the medication tramadol. The parameters of the California Medical Treatment Utilization Schedule for Tramadol will be used. This is a centrally acting synthetic opioid analgesic. While noting the date of injury, and the age of the injured worker, there was no clear clinical indication of any efficacy or utility with his preparation. There as no increase in functionality, improved in range of motion, or any other measure. As such, based on this limited clinical information, the request for Synapryn 10 mg/1 ml oral suspension 500 ml #1, date of service 03/08/2014 is not medically necessary and appropriate.

**Tabradol 1 mg/1 ml oral suspension 250 ml #1, date of service 03/08/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle RelaxantsAntispasmodics. Decision based on Non-MTUS Citation American Family Physician, skeletal muscle relaxantsOfficial Disability Guidelines Treatment of Workers' Compensation Pain Procedure Summary, non-sedating muscle relaxantsFood and Drug Administration<http://www.drugs.com/cons/fusepaq-trabadol.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants Page(s): 41, 64 of 127.

**Decision rationale:** This is a generic equivalent to the medication Cyclobenzaprine. The California MTUS Guidelines for Cyclobenzaprine will be used. As outlined in the California Medical Treatment Utilization Schedule, this type of medication is not recommended for chronic use. There is a risk of addiction and other untoward sequelae. Furthermore, based on the most recent physical examinations presented, there was no improvement in the overall symptomatology, range of motion, or finding a physical examination. Therefore, the efficacy of this medication has not been established. As such, the request for Tabradol 1 mg/1 ml oral suspension 250 ml #1, date of service 03/08/2014 is not medically necessary and appropriate.

**Deprizine 5 mg/ml oral suspension 250 ml #1, date of service 03/08/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/deprizine.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

**Decision rationale:** This medication is also known as rantidine. This is an H2 blocker. As such, the parameters for proton pump inhibitors as noted in the California Medical Treatment Utilization Schedule will be used. When considering the date of injury, the injury sustained, the failure to improve, there is no clinical indication for the ongoing need for a blocker addressing excessive gastric acid. There were no complaints offered or physical examination findings presented to support the medical necessity of this medication. Therefore, the request for

Deprizine 5 mg/ml oral suspension 250 ml #1, date of service 03/08/2014 is not medically necessary and appropriate.

**Dicopanor 5 mg/ml oral suspension 150 ml #1, date of service 03/08/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph last updated 12/31/2011, Diphenhydramine (Benadryl) Center for Disease Control, January 2007 Food and Drug Administration Nonprescription Drug Advisory Committee <http://www.drugs.com/pro/dicopanor.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 65 of 127.

**Decision rationale:** This medication is an antihistamine. The parameters for antihistamine shall be employed. There was nothing in the progress notes presented indicating why this medication is being used. It is not clear this is being used to address these sleep issues and muscle relaxant properties. This complete lack of clinical narrative eliminates the medical necessity of this medication. Therefore, based on the limited clinical rationale presented for review, the request for Dicopanor 5 mg/ml oral suspension 150 ml #1, date of service 03/08/2014 is not medically necessary and appropriate.

**Fanatrex 25 mg/ml oral suspension 420 ml #1, date of service 03/08/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fanatrex.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

**Decision rationale:** This preparation is a Gabapentin type medication. This is first-line treatment for neuropathic pain. However, when considering the reported mechanism of injury, the date of injury, the current clinical findings and the lack of any objectification of a neuropathic lesion, there was no clinical indication presented for this medication. Furthermore, the lack of any improvement noted on multiple physical examinations establishes that there is no efficacy or utility with uses of this preparation. As such, the request for Fanatrex 25 mg/ml oral suspension 420 ml #1, date of service 03/08/2014 is not medically necessary and appropriate.