

Case Number:	CM14-0018466		
Date Assigned:	04/18/2014	Date of Injury:	09/27/2012
Decision Date:	03/05/2015	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old male with a date of injury of September 27, 2012. Results of the injury include sharp burning right hand and 5th digit pain and muscle spasms, constant moderate to severe 5-6/10 weakness, numbness, and tingling of the hand and fingers. Diagnosis include sprain and strain of the right wrist, right hand ligament tear, status post surgery, mood disorder, unspecified mood disorder, and state of emotional shock and stress, unspecified. Treatment has included surgery, physical therapy, medications, and acupuncture therapy according to the utilization review form. Magnetic Resonance Imaging (MRI) scan of the right 5th digit revealed significant osteoarthritic change of the proximal interphalangeal joint with magnetic susceptibility artifact present. Progress report dated January 3, 2014 showed deformity on the 5th digit. + 2 tender. There was full range of motion of the right wrist. There was a mallet deformity distally. Tinel's and Phalan's test were negative on the right. Work status was noted to remain off of work. Treatment plan included MRI, medications, referral to a psychologist, and follow up. Utilization review form dated January 31, 2014 non certified retrospective usage of synapryn 10 mg /1ml 500 ml, retrospective usage of tabradol 1mg/ml 250 ml, Retrospective usage of Deprizine 15 mg/ml 250mg, retrospective usage of Dicopanol 5 mg/ml 150 ml, retrospective usage of fanatrex 25 mg/ml 420 ml, periodic UA toxicological evaluation, and retrospective usage of terocin patches due to noncompliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Synapryn 10mg/ml 500ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for RETROSPECTIVE USAGE OF: SYNAPRYN 10MG/1ML 500ML. For chronic opioids, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been prescribed this medication since 12/9/13. In this case, review of subsequent progress reports provide no discussion regarding analgesia, functional improvement, changes in ADL's or change in work status to document efficacy. There are no outcome measures to denote a decrease in pain with taking this medication. Urine drug screenings have not been provided to monitor for compliance and there are no discussions of possible adverse side effects. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Synapryn IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Prospective request for Synapryn 10mg/ml 500ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for PROSPECTIVE USAGE OF: SYNAPRYN 10MG/1ML 500ML. For chronic opioids, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has been prescribed this medication since 12/9/13. In this case, review of subsequent progress reports provide no discussion regarding analgesia, functional improvement, changes in ADL's or change in work status to document efficacy. There are no outcome

measures to denote a decrease in pain with taking this medication. Urine drug screenings have not been provided to monitor for compliance and there are no discussions of possible adverse side effects. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Synapryn IS NOT medically necessary and recommendation is for slow weaning per MTUS Guidelines.

Retrospective request for Tabradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for RETROSPECTIVE USAGE OF: TABRADOL 1MG/ML 250ML. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions."In regards to the request for Tabradol oral suspension, which contains Cyclobenzaprine, the treating physician does not discuss any reason for prescribing this medication for reasons other than for subjective pain. There are no discussions of flare ups, or acute exacerbation of the patient's muscle spasms. Tabradol contains cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. Though methylsulfonylmethane is regarded as a dietary supplement and is regulated by the FDA, it has not been approved for the treatment of osteoarthritis. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. The treater in this case has not documented that this medication will be used for 2-3 weeks. This request IS NOT medically necessary.

Prospective request for Tabradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for PROSPECTIVE USAGE OF: TABRADOL 1MG/ML 250ML. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice

for musculoskeletal conditions."In regards to the request for Tabradol oral suspension, which contains Cyclobenzaprine, the treating physician does not discuss any reason for prescribing this medication for reasons other than for subjective pain. There are no discussions of flare ups, or acute exacerbation of the patient's muscle spasms. Tabradol contains cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. Though methylsulfonylmethane is regarded as a dietary supplement and is regulated by the FDA, it has not been approved for the treatment of osteoarthritis. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. The treater in this case has not documented that this medication will be used for 2-3 weeks. This request IS NOT medically necessary.

Retrospective request for Deprizine 15mg/ml 250ml: 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 1/21/2012

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for RETROSPECTIVE USAGE OF: DEPRIZINE 15MG/ML 250ML. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: 1. Age is greater than 65, 2. History of peptic ulcer disease and GI bleeding or perforation, 3. Concurrent use of ASA or corticosteroid and/or anticoagulant, 4. High dose/multiple NSAID. Progress notes do not indicate that this patient suffers from any significant GI complaints, nor is he currently taking high dose or multiple NSAIDs. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Furthermore, the treating physician provides no discussions as to why oral suspensions are being requested. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Therefore, this request IS NOT medically necessary.

Prospective request for Deprizine 15mg/ml 250ml: 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 1/21/2012

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for PROSPECTIVE USAGE OF: DEPRIZINE 15MG/ML 250ML. The MTUS, ACOEM, and ODG Guidelines do not specifically

discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: 1. Age is greater than 65, 2. History of peptic ulcer disease and GI bleeding or perforation, 3. Concurrent use of ASA or corticosteroid and/or anticoagulant, 4. High dose/multiple NSAID. Progress notes do not indicate that this patient suffers from any significant GI complaints, nor is he currently taking high dose or multiple NSAIDs. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Furthermore, the treating physician provides no discussions as to why oral suspensions are being requested. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Therefore, this request IS NOT medically necessary.

Retrospective request for Dicopanol 5mg/ml 150ml: 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 12/31/11

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 492. Decision based on Non-MTUS Citation Pain Chapter under Insomnia has the following regarding anti-Histamine for insomnia

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for RETROSPECTIVE USAGE OF: DICOPANOL 5MG/ML 150ML. The MTUS, ACOEM, and ODG guidelines do not discuss Dicopanol. Though the treater has not discussed a reason for this request, presumably it is for the treatment of patient's insomnia secondary to chronic pain. ODG guidelines Pain Chapter under Insomnia has the following regarding anti-Histamine for insomnia: "(4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness."Dicopanol contains diphenhydramine, an anti-histamine. ODG states that tolerance develops within a few days and long-term use is not supported. In this case there is no long-term support for Dicopanol usage and the treating physician has not stated that this medication for short term usage. Furthermore, the treating physician provides no discussion as to why oral suspensions are being requested. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Therefore, this request IS NOT medically necessary.

Prospective request for Dicopanol 5mg/ml 150ml: 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 12/31/11

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 492. Decision based on Non-MTUS Citation Pain Chapter under Insomnia has the following regarding anti-Histamine for insomnia

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for PROSPECTIVE USAGE OF: DICOPANOL 5MG/ML 150ML. The MTUS, ACOEM, and ODG guidelines do not discuss Dicopanol. Though the treater has not discussed a reason for this request, presumably it is for the treatment of patient's insomnia secondary to chronic pain. ODG guidelines Pain Chapter under Insomnia has the following regarding anti-Histamine for insomnia: "(4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." Dicopanol contains diphenhydramine, an anti-histamine. ODG states that tolerance develops within a few days and long-term use is not supported. In this case there is no long term support for Dicopanol usage and the treating physician has not stated that this medication for short term usage. Furthermore, the treating physician provides no discussion as to why oral suspensions are being requested. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Therefore, this request IS NOT medically necessary.

Retrospective request for Fanatrex 25mg/ml 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 492, Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18-19.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for RETROSPECTIVE USAGE OF: FANATREX 25MG/ML 420ML. Fanatrex contains gabapentin and other proprietary ingredients. This patient does present with radiating symptoms of the upper extremities, and there may be a component of radicular symptoms or neuropathic pain. The use of gabapentin may be appropriate and consistent with MTUS Guidelines. However, Fanatrex contains "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. Furthermore, the treating physician provides no discussion as to why oral suspensions are being requested. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Therefore, this request IS NOT medically necessary.

Prospective request for Fanatrex 25mg/ml 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 492, Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18-19.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for PROSPECTIVE USAGE OF: FANATREX 25MG/ML 420ML. Fanatrex contains gabapentin and other proprietary ingredients. This patient does present with radiating symptoms of the upper extremities, and there may be a component of radicular symptoms or neuropathic pain. The use of gabapentin may be appropriate and consistent with MTUS Guidelines. However, Fanatrex contains "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. Furthermore, the treating physician provides no discussion as to why oral suspensions are being requested. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Therefore, this request IS NOT medically necessary.

Periodic UA toxicological evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78. Decision based on Non-MTUS Citation Pain chapter, Urine drug testing

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for PERIODIC UA TOXICOLOGY EVALUATION. The MTUS Guidelines page 76, under opiate management: (j) "consider use of urine drug screen to assess for the use of presence of illegal drugs." The ODG Guidelines under the pain chapter provides clear recommendation on how frequent urine drug screen should be obtained for various risk of opiate users. ODG Guidelines recommend once yearly urine drug screen following initial screening with the first 6 months of management of chronic opiate use in low-risk patients. There is no discussion regarding this patient being at risk for any aberrant behaviors. Given the patient's opiate prescription, a random UDS would be appropriate. However, this is an open-ended request for "periodic" toxicology screenings. ODG states once yearly in low risk patient would be sufficient. This request IS NOT medically necessary.

Retrospective request for Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Medications for chronic pain Page(s): 111-113,60.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for RETROSPECTIVE USAGE OF: TEROGIN PATCHES. The Utilization review denied the request stating that NSAIDs are not recommended for neuropathic pain. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines, page 111-113 under Topical Analgesics states: MTUS states any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The MTUS Guidelines support the usage of salicylate topical for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with hand pain for which this topical treatment is indicated for. However, recommendation cannot be made as the request does not specify duration of use or dosing. An open-ended prescription cannot be supported, as MTUS page 60 requires recording of pain assessment and functional changes when medications are taken for chronic pain. The requested Terocin patches ARE NOT medically necessary.

Prospective request for Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Medications for chronic pain Page(s): 111-113, 60.

Decision rationale: This patient presents with sharp, burning pain in the right hand with numbness and weakness in the 5th digit. The current request is for PROSPECTIVE USAGE OF: TEROGIN PATCHES. The Utilization review denied the request stating that NSAIDs are not recommended for neuropathic pain. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines, page 111-113 under Topical Analgesics states: MTUS states any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The MTUS Guidelines support the usage of salicylate topical for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with hand pain for which this topical treatment is indicated for. However, recommendation cannot be made as the request does not specify duration of use or dosing. An open-ended prescription cannot be supported, as MTUS page 60 requires recording of pain assessment and functional changes when medications are taken for chronic pain. The requested Terocin patches ARE NOT medically necessary.