

Case Number:	CM14-0174252		
Date Assigned:	10/24/2014	Date of Injury:	09/27/2012
Decision Date:	03/10/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/20/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 Lance Camper's employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 27, 2012. In a utilization review report dated October 6, 2014, the claims administrator failed to approve requests for Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. The applicant's attorney subsequently appealed. Several of the articles in question were apparently dispensed on an office visit of June 10, 2014, at which point the applicant presented with complaints of foot pain, hand pain, finger pain, psychological stress, anxiety, and depression. The applicant had undergone an earlier fifth digit surgery, it was acknowledged. Deprizine, Dicopanol, Fanatrex, Synapryn, and Tabradol were dispensed while the applicant was placed off work, on total temporary disability. A hand surgery consultation was endorsed. On October 3, 2014, the applicant was, once again, placed off work, on total temporary disability, while several of the oral suspensions and topical compounds at issue were again dispensed, including Deprizine, Dicopanol, Fanatrex, Synapryn, and Tabradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Topic Page(s): 50. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide.

Decision rationale: Synapryn, per the National Library of Medicine, is an amalgam of tramadol and glucosamine. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines notes that glucosamine is indicated in the treatment of pain associated with arthritis and, in particular, that associated with knee arthritis, in this case, however, there was no mention of the applicant's having any issues with either arthritis and/or knee arthritis for which the glucosamine ingredient in the amalgam would have been indicated. Therefore, the glucosamine-containing Synapryn compound was not medically necessary.

Tabradol: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Topic Page(s): 111-113. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Tabradol Medication Guide.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not, it is further noted, clearly outline why what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals could not be employed here. Therefore, the request was not medically necessary.

Deprizine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/deprizine.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine (Deprizine) can be employed to combat issues with NSAID-induced dyspepsia, in this case, however, the highly templated progress notes referenced above contain no mention of any issues with reflux, heartburn, and/or

dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.

Dicopanol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/dicopanol.html>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: While the MTUS does not specifically address the topic of Dicopanol (diphenhydramine), the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that it is incumbent upon a prescribing provider to clearly discuss the efficacy of medication for the condition for which it is being prescribed. Here, the attending provider did not clearly outline or state for what purpose diphenhydramine (Dicopanol) was being prescribed. While the National Library of Medicine (NLM) does acknowledge that Dicopanol (diphenhydramine) is indicated in the treatment of allergic reactions, motion sickness, and/or parkinsonism, in this case, however, there was no mention of the applicant's having any issues with allergic reactions, parkinsonism, motion sickness, etc., on or around the date in question. Therefore, the request was not medically necessary.

Fanatrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fanatrex.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: 5. Finally, the request for Fanatrex (gabapentin) was likewise not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is a first-line treatment for neuropathic pain as was/is present here in the form of the applicant's digital paresthesias, this recommendation is, however, qualified by commentary made on page 47 of the ACOEM Practice Guidelines and on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. Here, however, the attending provider did not incorporate any discussion of cost into his choice of pharmacotherapy. The attending provider did not state why provision of the custom compounded Fanatrex agent was preferable to provision of generic gabapentin. Therefore, the request was not medically necessary. REFERENCES: 1. ACOEM Practice Guidelines, Chapter 3, page 47, Oral Pharmaceuticals Section. 2. MTUS Chronic Pain Medical Treatment Guidelines, page 7, Functional Restoration Approach to Chronic Pain Management Section. 3. MTUS Chronic Pain Medical Treatment Guidelines, page 49, Gabapentin Topic.