

Case Number:	CM14-0187470		
Date Assigned:	11/17/2014	Date of Injury:	09/19/2012
Decision Date:	01/06/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 Pain 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:

This is a patient with a date of injury of 9/19/12. A utilization review determination dated 10/21/14 recommends non-certification of Dicopanol, Fanatrex, Synapryn, and Deprizine. 10/3/14 medical report identifies headaches, low back pain, and muscle spasms. On exam, there is limited ROM and tenderness, positive SLR bilaterally, decreased sensation L4-S1. Recommendations include medications and a course of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg/ml oral suspension 150ml 1ml at bedtimes #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/pro/diphenhydramine-capsules.html>

Decision rationale: Regarding the request for Dicopanol, California MTUS does not address diphenhydramine. ODG notes that 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. The FDA indications for diphenhydramine include use as an antihistaminic, in the management of motion sickness and parkinsonism, and as a nighttime sleep-aid. Within the documentation available for review, there is no documentation of any of the abovementioned conditions and a clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral capsule form. In light of the above issues, the currently requested Dicopan^{ol} is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml 5ml (1 tsp) 3 times a day #1: 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(s): 16-21 of 127.

Decision rationale: Regarding request for Fanatrex, CA MTUS Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of neuropathic pain, any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and specific objective functional improvement. Additionally, there is no clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral capsule form. In the absence of such documentation, the currently requested Fanatrex is not medically necessary.

Synapryn 10mg/ml oral suspension 500ml 5ml (1 tsp) 3 times a day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50 and 76-79 of 127.

Decision rationale: Regarding the request for Synapryn, this compound is noted to contain tramadol and glucosamine. With regard to opioids such as tramadol, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. With regard to glucosamine, it is recommended as an option in patients with moderate arthritis pain, especially for knee osteoarthritis. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no discussion regarding aberrant use, no documentation of knee osteoarthritis, and no

clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral tablet forms. In the absence of such documentation, the currently requested Synapryn is not medically necessary.

Deprizine 5mg/ml oral suspension 250ml 10ml (2 tsp) 10ml once daily #1: 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(s): 68-69 of 127.

Decision rationale: Regarding the request for Deprizine, California MTUS supports H2 blockers for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral tablet form. In light of the above issues, the currently requested Deprizine is not medically necessary.