

Case Number:	CM14-0190089		
Date Assigned:	11/21/2014	Date of Injury:	01/15/2014
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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 Management 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 male patient with a date of injury of October 23, 2013. A utilization review determination dated October 24, 2014 recommends denial of Fanatrex (gabapentin) 25mcg/ml #420ml, Dicopanor (diphenhydramine) 5mg/ml #150ml, Deprizine 15mg/ml #250ml, Tabradol 1mg/ml #500ml, and Synapryn 10mg/ml #500ml. A progress note dated September 22, 2014 identifies subjective complaints of burning bilateral elbow pain and muscle spasms. The patient reports a that his pain is constant, moderate to severe, he rates his pain as a 7/10, and is aggravated by gripping, grasping, reaching, pulling, and lifting. Patient also complains of bilateral knee pain and muscle spasms, he rates his pain as a 6/10, he states that the pain in his knee is constant, moderate to severe, and his pain is aggravated by squatting, kneeling, ascending or descending stairs, prolonged positioning, and walking. The patient states that his symptoms persist but the medications offer temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications. The physical examination reveals tenderness over the medial and lateral epicondyle of bilateral elbows, there is tenderness to palpation over the medial and lateral joint line over bilateral knees, and there is tenderness to palpation over the medial and lateral malleolus of bilateral ankles. The diagnoses include medial epicondylitis of bilateral elbow, lateral epicondylitis of bilateral elbow, cubital tunnel syndrome of bilateral elbow, internal derangement of bilateral knee, bilateral foot and ankle joint derangement, and ankle pain. The treatment plan recommends continuation of current treatment and medications, recommendation to undergo a course of physiotherapy 3 times per week for 6 weeks, continuation of chiropractic treatment 3 times per week for 6 weeks, and recommendation for Terocine Patches. A urine drug screen collected September 22, 2014 was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (Gabapentin) 25mg/ ml, 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation National Library of Medicine <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000704/>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21.

Decision rationale: Regarding the requested for Fanatrex, Fanatrex contains active and inactive bulk materials to prepare 420 mL of a gabapentin oral suspension containing 25 mg/mL gabapentin. 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 any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Fanatrex is not medically necessary.

Dicopanor (diphehydramine) 5mg/ ml, 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Search:
<http://www.drugs.com/pro/dicopanor.html>PDR:
<http://www.drugs.com/pro/dephenhydramine.html#ixzz0xZifcbWP>

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 <http://www.drugs.com/pro/dicopanor.html>

Decision rationale: Regarding the request for Dicopanor 5mg/ml #150ml, Dicopanor contains active and inactive bulk materials to compound a diphenhydramine hydrochloride oral suspension. California MTUS guidelines are silent. ODG states 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. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement

indicating how the patient has responded to treatment with Dicopanol. Finally, there is no indication that Dicopanol is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Dicopanol is not medically necessary.

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 National Library of Medicine: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000094/Online Search>: <http://www.drugs.com/pro/deprizine.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs) <http://www.drugs.com/pro/deprizine.html>

Decision rationale: Regarding the request for Deprizine 15mg/ml #250ml, Deprizine contains active and inactive bulk materials to compound a ranitidine hydrochloride oral suspension. California MTUS states that proton pump inhibitors are appropriate 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. In light of the above issues, the currently requested Deprizine is not medically necessary.

Tabradol 1mg/ ml, 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5d19ef8b-eef3-4d52-95f5-929765ca6dc7>

Decision rationale: Regarding the request for Tabradol 1mg/ml #500ml, Tabradol contains Cyclobenzaprine Hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit. Regarding cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Tabradol is not medically necessary.

Synapryn 10mg/ ml, 500ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online Search:
<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=20039>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 50, 75-79. Decision based on Non-MTUS Citation
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416>

Decision rationale: Regarding the request for Synapryn 10mg/ml #500ml, 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 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.