

<b>Case Number:</b>	CM14-0199442		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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 Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/29/13 when, while working as a Social Worker/Case Manager he developed low back pain. Treatments included physical therapy, medications, Chiropractic care, and acupuncture. He was seen on 09/15/14. He was having neck and low back pain rated at 7-8/10 and bilateral shoulder pain rated at 7/10. His past medical history included hypertension, diabetes, arthritis, prostate enlargement, and arthritis. Medications were Tylenol with Codeine, Motrin, Lidoderm, Effexor, Prozac, Nifedipine, Hydrochlorothiazide, Metformin, Terazosin, Zetia, and Prilosec. Physical examination findings included a depressed affect. He had increasing pain when walking on his heels or toes. There was a forward head cervical posture with positive axial compression and decreased range of motion. He had decreased shoulder range of motion with positive impingement testing. He had decreased and painful lumbar spine range of motion. Imaging results were reviewed. Additional testing was ordered. Authorization for pool therapy was requested. On 09/23/14 he was seen by the requesting provider. He was having radiating neck and low back pain rated at 6-7/10 and muscle spasms. Physical examination findings included decreased upper and lower extremity strength and sensation. He had decreased cervical and lumbar spine range of motion. Straight leg raising was positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synapryn 10mg/1ml oral suspension 500ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Glucosamine ( and Chondroitin).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Synapryn Instructions Insert

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating neck and low back pain. Synapryn is cyclobenzaprine with glucosamine in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Synapryn is not medically necessary.

**Tabradol 1mg/ml oral suspension 250ml:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Tabradol Instructions Insert

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating neck and low back pain. Tabradol is cyclobenzaprine in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Tabradol is not medically necessary.

**Deprizine 15mg/ml oral suspension 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Deprizine Instructions Insert

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating neck and low back pain. Deprizine is ranitidine hydrochloride in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence

that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Deprizine is not medically necessary.

**Dicopanol 5mg/ml oral suspension 150ml: 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/diphenhydramine.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Dicopanol Instructions Insert

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating neck and low back pain. Dicopanol is diphenhydramine hydrochloride in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Dicopanol is not medically necessary.

**Fanatrex gabapentin 25mg/ml oral suspension 420ml: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Fanatrex Instructions Insert

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic radiating neck and low back pain. Fanatrex is gabapentin in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Fanatrex is not medically necessary.