

Case Number:	CM14-0063411		
Date Assigned:	07/11/2014	Date of Injury:	09/27/2012
Decision Date:	03/10/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/06/2014

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 [REDACTED] 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 April 30, 2014, the claims administrator failed to approve a request for several topical compounded medications and/or oral suspensions, including Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. The applicant's attorney subsequently appealed. In an April 6, 2014 progress note, the applicant reported ongoing complaints of hand, wrist, and finger pain. Deprizine, Dicopanol, Fanatrex, and Synapryn were endorsed. The applicant was also given Terocin patches. The applicant was placed off work, on total temporary disability. Some complaints of upper extremity paresthesias were evident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of Synapryn 10mg/1ml/500ml: 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 (NLM), 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 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 usage of glucosamine would have been indicated. Since the glucosamine ingredient in the Synapryn amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request was not medically necessary.

Prospective usage of Tabradol 1mg/ml, 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS 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: Tabradol, per the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that cyclobenzaprine is not recommended for topical compound formulation purposes. Since one or more ingredients in the amalgam is not recommended, the entire amalgam is not recommended, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Prospective usage of Deprizine 15mg/ml, 250ml: Upheld

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

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 notes that H2 antagonists such as ranitidine (Deprizine) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date in question. Therefore, the request was not medically necessary.

Prospective usage of Dicopanol 5mg/ml, 150ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Diphenhydramine Medication Guide

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 discuss the efficacy of the medication for the particular condition for which it is being prescribed. Here, the attending provider did not clearly state or stipulate for which condition or conditions Dicopanol (diphenhydramine) was being prescribed. While the National Library of Medicine (NLM) acknowledges that Dicopanol 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 parkinsonism, motion sickness, etc., on or around the date in question. Therefore, the request was not medically necessary.

Prospective usage of Fanatrex 25mg/ml, 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Section; Gabapentin Topic Page(s): 7.

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is indicated in the treatment of localized peripheral pain or 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 pharmacotherapy. Here, the attending provider did not clearly outline why a custom compounded, brand-name Fanatrex agent was being employed in favor of generic gabapentin. The attending provider, thus, did not incorporate any discussion of cost into his choice of pharmacotherapy. Therefore, the request was not medically necessary.