

Case Number:	CM14-0065122		
Date Assigned:	09/10/2014	Date of Injury:	11/11/2008
Decision Date:	04/08/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 had an original date of injury of 11/11/2008 when he fell from a ladder while working. He has diagnoses of hip pain, low back pain and wrist pain. He has had total hip replacement surgery. He has been treated with physical therapy in the past. Current management includes oral medications. The requested treatments are Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, Terocin, 6 sessions of localized high intensity neurostimulation, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/1ml 500ml: 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 The expert reviewer found that no guidelines were applicable.

Decision rationale: CA MTUS, ODG, National Guidelines Clearinghouse are all silent on the use of Synapryn. Synapryn is a liquid compounding kit containing tramadol and glucosamine. There is no information submitted by the requesting provider to indicate why more readily available non compounded oral versions of tramadol and glucosamine would be contraindicated. The use of Synapryn is not medically indicated.

Tabradol 1mg 250ml: 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 The expert reviewer found that no guidelines were applicable.

Decision rationale: CA MTUS, ODG, National Guidelines Clearinghouse are all silent on the use of Tabradol. Tabradol is a liquid compounding kit containing cyclobenzaprine and methylsufonylmethane. There is no information submitted by the requesting provider to indicate why more readily available non compounded oral cyclobenzaprine would be contraindicated. The use of Tabradol is not medically indicated.

Deprizine 5mg 250ml: 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 Ranitidine Drug Information, LexiComp, 2014.

Decision rationale: CA MTUS, ODG, National Guidelines Clearinghouse are all silent on the use of Derpizine. Deprizine is a liquid compounding kit containing ranitidine. There is no information submitted by the requesting provider to indicate why more readily available non compounded oral ranitidine would be contraindicated. The use of Deprizine is not medically indicated.

Dicopanl 5mg 150ML: 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 The expert reviewer found that no guidelines were applicable.

Decision rationale: CA MTUS, ODG, National Guidelines Clearinghouse are all silent on the use of Dicopanl. Dicopanl is a liquid compounding kit containing diphenhydramine. There is

no information submitted by the requesting provider to indicate why more readily available non compounded oral diphenhydramine would be contraindicated. The use of Dicopanол is not medically indicated.

Fanatrex 25mg 420ml: 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 The expert reviewer found that no guidelines were applicable.

Decision rationale: CA MTUS, ODG, National Guidelines Clearinghouse are all silent on the use of Fanatrex. Fanatrex is a liquid compounding kit containing gabapentin. There is no information submitted by the requesting provider to indicate why more readily available non compounded oral gabapentin would be contraindicated. The use of Fanatrex is not medically indicated.

Urine Drug Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen.

Decision rationale: CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. A recent drug screen is documented in the medical record. There is no medical indication for additional urine drug screen and the original UR denial is upheld.

6 Localized Intense Neurostimulation Therapy Sessions for the Lumbar Spine: 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 The expert reviewer found that no guidelines were applicable.

Decision rationale: CA MTUS, ODG and National Guideline Clearinghouse are silent on the use of local intense neurostimulation for the treatment of low back pain. Lacking any support for the therapy, 6 sessions of locally intense neurostimulation therapy for low back are not indicated. 6 Localized Intense Neurostimulation Therapy Sessions for the Lumbar Spine are not medically necessary.

Terocin Patches (unspecified dosage and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Terocin may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment. The use of Terocin is not medically necessary.