

<b>Case Number:</b>	CM15-0000405		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 injured worker is a 35 year old male who sustained an industrial accident on 10/25/2013. Diagnoses include low back pain, lumbar spine multilevel disc displacement, and rule out lumbar radiculopathy. A PR-2 dated 10/25/2013 documented reported the IW had burning low back pain. The pain was rated 6/10. It was described as moderate to severe with numbness and tingling in bilateral lower extremities. His pain was reported to be aggravated activities of daily living including getting dressed and performing personal hygiene. Physical examination details limited range of motion of the lumbar spine with palpable tenderness. The IW also had mild dermatomal sensory changes. Treatment has included medications. The treating provider has requested Deprizine 15mg/ml oral suspension, 250mg, Fanatrex 25mg/ml oral suspension 420ml, Synapryn 10mg/ml oral suspension, 500ml, Dicopanol 5mg/ml oral suspension, 150ml, and Traradol 1mg/ml oral suspension, 250ml. Treatment is requested for symptom management. The injured worker states the symptoms persist but the medications offer him temporary relief of pain and improve his ability to have a restful sleep. The Utilization Review dated 12/06/2014 non-certified the request for the requested medications citing Ca MTUS and ODG in support of the decision.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugsdb.eu/drg](http://www.drugsdb.eu/drg)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 82-83. Decision based on Non-MTUS Citation <<http://www.bioportfolio.com/resources/drug/22213/Synapryn.html>>

**Decision rationale:** Synapryn is a compounded substance that includes Tramadol as a primary ingredient and typically glucosamine as a second ingredient. While tramadol is discussed in CA MTUS, this compounded formulation is not. ODG is also silent on this substance. Tramadol is a synthetic opioid that is typically prescribed for as needed dosing for pain control. The indications specific to Tramadol are not apparent in chart documentation. The dosing, frequency and effects are not stated. Opioid medication is not supported for use in chronic back pain. The other component, glucosamine, is recommended as an option for the treatment of moderate arthritic pain, mainly the knees. The IW does not have an active diagnosis of arthritis. The combination of these medications is not supported as one is intended for as needed breakthrough pain and carries substantial medical risks due to its potential accumulative effect. The other is for moderate pain caused by osteoarthritis and is used more liberally without the same toxicologic profile. The combination preparation is not supported and therefore, not medically necessary. Synapryn is not medically necessary based on the MTUS, lack of good medical evidence, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDruginfo.cfm>

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Tabradol is an oral solution of cyclobenzaprine. According to CA MTUS, this medication is recommended only for a short course of therapy. The effect is noted to be greatest in the first 4 days of treatment, therefore not supportive for use in chronic pain. Additionally, cyclobenzaprine is not recommended to be added to other agents. For all of these reasons, cyclobenzaprine is not indicated and is not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/deprizine.html](http://www.drugs.com/pro/deprizine.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Deprizine is the oral solution equivalent of ranitidine. According to CA MTUS, Gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age 65, history of gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Ranitidine is not medically necessary based on the MTUS.

**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 [www.drugs.com/cdl/diphenhydramine](http://www.drugs.com/cdl/diphenhydramine)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/dicopanol.html>

**Decision rationale:** According to the treating provider's documentation, Dicopanol is a combination of antihistamine and other proprietary ingredients. Unknown components of a medication cannot be evaluated to determine their safety or medical necessity. As such, the request for Dicopanol is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fanatrex.html>

**Decision rationale:** According to the treating provider's documentation, Fanatrex is a combination of gabapentin and other proprietary ingredients. Unknown components of a medication cannot be evaluated to determine their safety or medical necessity. As such, the request for Fanatrex is not medically necessary.