

<b>Case Number:</b>	CM15-0001819		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Anesthesiology

### 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 49 year old male, who sustained an industrial injury on April 23, 2014, assaulted by two passengers while working as a bus operator. He has reported pain in the shoulders, left hip, left ribs, and injury to the lip. The diagnoses have included headaches, blunt head trauma, lip laceration, left ear pain, bilateral shoulder sprain/strain rule out internal derangement, left rib sprain/strain, right hip sprain/strain rule out internal derangement, anxiety disorder, mood disorder, and stress. Treatment to date has included physical therapy and oral and topical medications. Currently, the injured worker complains of headaches, lip pain, left ear pain, burning bilateral shoulder pain radiating down the arms to the fingers with muscle spasms, left rib pain, burning right hip pain radiating to the thigh, anxiety, stress, and depression. The Primary Treating Physician's report dated November 20, 2014, noted tenderness to palpation at the trapezius, supraspinatus, levator scapula, and rhomboid muscles with a trigger point noted, and acromioclavicular (AC) joint arthrosis noted. Motor strength in the bilateral upper extremities was decreased secondary to pain, with motor strength also decreased in the bilateral lower extremities secondary to pain. Tenderness to palpation was noted at the lateral aspect of the rib cage, at the costochondral junction, and the anterior and superior iliac spine. On December 28, 2014, Utilization Review non-certified Deprizine, Dicopanlol, Fanatrex, Synapryn, Tabradol, and three shockwave therapy treatments to the right hip and bilateral shoulders, noting there was no indication in the medical records that the injured worker had any issues taking medication in pill/tablet form, and the shockwave therapy was not indicated for the injured worker's right hip and acromioclavicular joint arthrosis. The MTUS Chronic Pain Medical Treatment Guidelines

and the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and three shockwave therapy treatments to the right hip and bilateral shoulders.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Deprizine:** 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 UpToDate

**Decision rationale:** An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Deprizine (Ranitidine)oral suspension has not been established. The requested medication is not medically necessary.

**Dicopanol:** 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 UpToDate

**Decision rationale:** An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Dicopanol (Diphenhydramine) oral suspension has not been established. The requested medication is not medically necessary.

**Fanatrex:** 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 UpToDate

**Decision rationale:** An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Fanatrex (Gabapentin)oral suspension has not been established. The requested medication is not medically necessary.

**Synapryn:** 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 UpToDate

**Decision rationale:** An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Synapryn (Tramadol)oral suspension has not been established. The requested medication is not medically necessary.

**Tabradol:** 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 UpToDate

**Decision rationale:** An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Tabradol (Cyclobenzaprine)oral suspension has not been established. The requested medication is not medically necessary.

### **3 shockwave therapy treatments to right hip and bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis or calcifying tendinitis of the shoulder. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. ESWT is a noninvasive treatment that involves delivery of low or high energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft tissue interface. Low-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. In this case, the patient did not have evidence of calcifying tendinitis affecting either shoulder, but has evidence of acromioclavicular joint arthrosis, which is a contraindication to ESWT. There is no support in evidence-based guidelines for the use of ESWT in the treatment of any hip complaints. Medical necessity of the requested ESWT for the right hip and both shoulders have not been established. The requested ESWT therapies are not medically necessary.