

<b>Case Number:</b>	CM15-0009041		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/15/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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:

This 57 year old female has reported knee, neck and back pain after falling on 1/15/11. The diagnoses include herniated nucleus pulposus, degenerative disc disease, tendinitis, radiculitis, meniscal tear, anxiety, mood disorder, and a sleep disorder. Treatment has included right shoulder surgery, medications, physical therapy, and injections. The current primary treating physician, an orthopedic surgeon, first evaluated the injured worker on 8/22/14. There was only a minimal injury and treatment history given. Neck, knee, shoulder, and back pain were present. Prior treatment had included physical therapy and shoulder surgery. There was non-specific tenderness and non-specific neurological changes such as regional sensory deficits. The knee was tender with limited flexion. The treatment plan included a list of 8 medications, for which no patient-specific indications were discussed. TENS, radiographs, physical therapy x18, ECSWT, MRI, electrodiagnostic testing, and LINT were prescribed. Work status was temporarily totally disabled. The PR2 of 10/27/14 notes ongoing neck, shoulder, knee, and back pain. There was no discussion of the history of the knee symptoms. There was non-specific tenderness and non-specific neurological changes such as regional sensory deficits. The knee was tender with limited flexion. The treatment plan included PTx18 for the painful areas, Orthopedic consultation for the right knee, and the medications now under Independent Medical Review. Specific reasons for knee referral were not presented. On 1/5/15 Utilization Review non-certified an orthopedic specialist referral, Terocin, Deprizine, Dicopanol, Fanatrex, Synapryn, and Physical Therapy. The MTUS and the Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral to Orthopedic specialist quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

**Decision rationale:** Per the MTUS cited above, surgical consultation may be indicated for activity limitation, failure of conservative care, and specific surgical conditions. The treating physician, who is an orthopedic surgeon, has not explained why a different surgeon is also necessary. The treating physician has not provided evidence for a failed course of conservative care, activity limitations, and specific surgical conditions. The referral is not medically necessary based on the MTUS and the lack of apparent necessity for a second surgeon to see this injured worker.

**Terocin patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the MTUS recommends against starting 3-7 medications simultaneously. Per the MTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula you have prescribed is not clear. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

**Deprizine:** Upheld

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

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

**Decision rationale:** Deprizine is ranitidine in an oral suspension. Ranitidine is prescribed without any patient-specific rationale provided. If ranitidine is prescribed as co-therapy with an NSAID, ranitidine is not the best drug. Note the MTUS recommendations cited. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The request does not contain a quantity, directions, or duration. Ranitidine is not medically necessary based on the MTUS.

**Dicopanorl:** 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 Official Disability Guidelines (ODG) Official Disability Guidelines, Pain chapter, Insomnia

**Decision rationale:** The treating physician has stated that Dicopanorl is diphenhydramine and other unnamed ingredients. Medical necessity cannot be determined for unspecified compounds, and unpublished ingredients cannot be assumed to be safe or effective. Dicopanorl is not medically necessary on this basis alone. In addition, Dicopanorl is stated to be for insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the Official Disability Guidelines citation above. That citation also states that antihistamines are not indicated for long term use as tolerance develops quickly, and that there are many, significant side effects. The request does not contain a quantity, directions, or duration. Dicopanorl is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and lack of information provided about the ingredients.

**Fanatrex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-21.

**Decision rationale:** Fanatrex is stated to be a formulation of gabapentin. The treating physician has stated that it is for neuropathic pain. None of the physician reports adequately discuss the signs and symptoms diagnostic of neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. The request does not contain a quantity, directions, or duration. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of counseling and consent regarding the reproductive risks, and the lack of significant symptomatic and functional benefit from its use to date.

**Synapryn:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Glucosamine (and Chondroitin Sulfate) Page(s): 77-80, 50.

**Decision rationale:** Synapryn is tramadol with glucosamine in an oral suspension: The reason for combining these medications is not discussed in any physician report. Given that tramadol is generally a prn medication to be used as little as possible, and that glucosamine (assuming a valid indication) is to be taken regularly regardless of acute symptoms, the combination product is illogical and not indicated. Tramadol is prescribed without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Opioids are minimally indicated, if at all, for chronic back pain. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The MTUS provides support for treating moderate arthritis pain, particularly knee OA, with glucosamine sulphate. Other forms of glucosamine are not supported by good medical evidence. The treating physician in this case has not provided evidence of the form of glucosamine in Synapryn, and that it is the form recommended in the MTUS and supported by the best medical evidence. And should there be any indication for glucosamine in this case, it must be given as a single agent apart from other analgesics, particularly analgesics like tramadol which are habituating. The request does not contain a quantity, directions, or duration. 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.