

<b>Case Number:</b>	CM15-0100370		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 Jersey, New York  
 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 injured worker is a 27 year old male, who sustained an industrial injury on 10/15/2013, as a result of continuous trauma. The injured worker was diagnosed as having left ankle/foot sprain/strain, lumbar sprain/strain, muscle spasms, cervical spine multi-level disc protrusions, cervical spine disc desiccation, lumbar spine multi-level disc herniation, lumbar spine disc desiccation, history of left ankle subtalar dislocation per x-ray 7/24/2014, and left ankle tendinosis/tendinitis. Treatment to date has included diagnostics, acupuncture, and medications. Currently (most recent progress report submitted 3/13/2015), the injured worker complains of left ankle pain, rated 4/10. He reported worse pain when walking on uneven surfaces and decreased pain with acupuncture and medications. He denied side effects of medications, noting the use of Ibuprofen and Cyclobenzaprine. Physical exam of the left ankle noted tenderness to palpation of the lateral ankle and the plantar ligament, limited range of motion secondary to pain, and strength 2+/5. His work status was modified with restrictions. The treatment plan included oral suspension medications, including Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. A rationale for the requested medications was not noted. Urine toxicology reports (3/13/2015, 1/30/2015, 12/17/2014, 11/24/2014) did not detect any analytes. Pain levels were consistent since at least 12/2014.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Glucosamine (and Chondroitin Sulfate) Page(s): 78-79, 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Glucosamine (and Chondroitin sulfate); Pain: Compound drugs.

**Decision rationale:** Syprasyn is a compound suspension of Tramadol and glucosamine. It is considered not medically necessary. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. In regards to Tramadol, there is no documentation of what his pain was like previously and how much Tramadol decreased his pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screen results or drug contract. In regards, to glucosamine, MTUS guidelines state that this may be an option for treatment of moderate arthritis especially knee osteoarthritis given its low risk. It is not indicated for the patient's medical conditions. It is unclear why the patient requires this compounded medication in lieu of taking the components separately. Therefore, the request is not medically necessary.

**Tabradol (1mg/ml) 250ml: 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 Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** Tabradol is a compound solution of Cyclobenzaprine and MSM. It is not considered medically necessary. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. The use of Cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of Cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary. According to ODG, MSM is used for CRPS, but long-term controlled studies have not been conducted. It has not been approved for osteoarthritis. It is unclear why a compound solution was required and why the patient could not use the components separately in tablet form. Therefore, the request is considered not medically necessary.

**Deprizine (15mg/ml) 250ml: 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): 68. Decision based on Non-MTUS Citation ODG: Official Disability Guidelines: Pain, Compound drugs.

**Decision rationale:** Deprizine is a compound solution of ranitidine and other "proprietary ingredients". Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. The need for GI prophylaxis is not documented. According to MTUS, the patient is at low risk of GI events. He is younger than age 65, does not have a history of PUD, GI bleed or perforation, he does not use aspirin, corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. There were no GI complaints. Therefore, Ranitidine is considered not medically necessary. It is unclear why the patient required a compounded medication and could not take the tablet formulation. Therefore, the request for Deprizine is considered not medically necessary.

**Dicopanor (5mg/ml) 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 Official Disability Guidelines: Pain, Compound drugs. Mental/Stress, Diphenhydramine.

**Decision rationale:** Dicopanor is a compound suspension of Diphenhydramine and other proprietary ingredients. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. According to ODG guidelines, Diphenhydramine is not recommended for long-term insomnia treatment, which the patient is not documented to have anyways. It is unclear why the patient requires the compound form of this drug instead of the over-the counter formulation. Therefore, the request is considered not medically necessary.

**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 Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Compound drugs.

**Decision rationale:** Fanatrex is a compound formulation of gabapentin and other proprietary ingredients. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. It is unclear why the patient requires the compound form of this drug instead of the regular tablet formulation. Therefore, the request is not medically necessary.