

Case Number:	CM15-0101468		
Date Assigned:	06/03/2015	Date of Injury:	11/05/2013
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/27/2015

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 55-year-old male, who sustained an industrial injury on 11/5/2013. He reported immediate pain in his neck and later developed pain in his lower back after turning his head to avoid an altercation and was diagnosed with cervical spinal stenosis with myelomalacia. The injured worker was not working at the time of progress note below but was allowed to return to full duty. The injured worker is currently diagnosed as having cervical spine radiculopathy, cervical spine degenerative disc disease, cervical spine pain, low back pain, lumbar spine sprain/strain, lumbar spine radiculopathy, and mood disorder. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit, bilateral shoulder ultrasound that revealed bilateral full thickness rotator cuff tears, normal electromyography/nerve conduction velocity studies of the lower extremities, and medications. In a progress note dated 09/26/2014, the injured worker presented with complaints of radicular neck and back pain with muscle spasms and feelings of anxiety, stress, and depression. Objective findings include diminished sensation to S1 dermatome bilaterally and positive bilateral straight leg raise test. The treating physician reported requesting authorization for Synapryn, Tabradol, Deprizine, Dicopanlol, and Fanatrex.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Glucosamine (and Chondroitin sulfate), Pain: Compound drugs.

Decision rationale: Syprasyn is a compound solution 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 screenings 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 considered not medically necessary.

Tabradol 1mg/ml, #250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation ODG: Official Disability Guidelines: MSM, Pain Compound drugs, Pain.

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. Therefore, the request is considered not medically necessary.

Deprizine 15mg/ml, 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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 components separately. Therefore, the request for Deprizine is considered not medically necessary.

Dicopanol 5mg/ml, #150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/diphenhydramine.html>.

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: Dicopanol is a compound solution 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG compound drugs.

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 considered not medically necessary.