MAXIMUS Federal Services

Case Number:	CM15-0104052		
Date Assigned:	06/08/2015	Date of Injury:	06/09/2014
Decision Date:	07/13/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 34-year-old [redacted] beneficiary who has filed a claim for chronic shoulder, hand, wrist, finger, and neck pain reportedly associated with an industrial injury of June 9, 2014. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve several topical compounded medications and dietary supplements. The claims administrator referenced a RFA form received on May 13, 2015 in its determination. The claims administrator did not cite any guidelines in the rationale. Overall commentary was sparse. In an order form dated February 20, 2015, the attending provider sought authorization for Dicopanol, Deprizine, Fanatrex, Tabradol, and Synapryn. A preprinted order form was employed. No applicant-specific commentary was attached. It was not stated why these compounds, dietary supplements, and oral suspensions were endorsed in favor of first line oral pharmaceuticals. On December 12, 2014, Naprosyn, Fexmid, Ambien, Norco, Neurontin, and Xanax were endorsed while the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck pain, arm pain, shoulder pain, back pain, headaches, depression, anxiety, insomnia, loss of hearing were reported. The attending provider went on to endorse various topical compounded medications, custom compounded pharmaceuticals, and custom oral suspensions at various points in time, including on February 2, 2015. In each case, the requesting provider seemingly failed to furnish supporting rationale or supporting commentary, but, rather, set forth his request on preprinted order forms and preprinted letters.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml oral suspension 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 Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: No, the request for Synapryn was not medically necessary, medically appropriate, or indicated here. Synapryn, per the National Library of Medicine (NLM), is an amalgam of tramadol and glucosamine. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is indicated in the treatment of painful arthritic conditions, especially knee arthritis, here, however, there is no mention of the applicant having active issues with arthritis and/or knee arthritis for which ongoing usage of the Synapryn (glucosamine-tramadol) amalgam would have been indicated. The attending provider failed to furnish much narrative commentary in support of this request. Therefore, the request is not medically necessary.

Tabradol 1mg/ml oral suspension 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation TABRADOL - DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...TABRADOL . (cyclobenzaprine hydrochloride 1 mg/ml, in oral suspension with MSM - compounding kit).

Decision rationale: Similarly, the request for Tabradol was likewise not medically necessary, medically appropriate, or indicated here. Tabradol, per National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Deprizine 5mg/ml Oral Suspension 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): 69. Decision based on Non-MTUS Citation

DEPRIZINE - DailyMed
www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?...Principal Display Panel. Do not use if safety seal is broken. NDC 43093-102-01. Rx only. FusePaq Oral Suspension Kit. DEPRIZINE. (ranitidine.

Decision rationale: Similarly, the request for Deprizine (ranitidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as ranitidine (Deprizine) are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicants having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Dicopanol 5mg/ml Oral Suspension 150ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation 1. DICOPANOL - DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...Rx only. FusePaq Compounding Kit for Oral Suspension. DICOPANOL. (diphenhydramine hydrochloride 5 mg/mL, in oral suspension - compounding kit). 2. National Library of Medicine Diphenhydramine Treats severe allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medicine is an antihistamine.

Decision rationale: Similarly, the request for Dicopanol was likewise not medically necessary, medically appropriate, or indicated here. Dicopanol, per the National Library of Medicine (NLM), is a diphenhydramine containing amalgam. The MTUS Guideline in ACOEM Chapter 3, per 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it is being employed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the requesting provider did not clearly state why the applicant was receiving Dicopanol (diphenhydramine), which, per the National Library of Medicine, is indicated in the treatment of allergic reactions, motion sickness, and/or Parkinsonism. There was no mention of the applicant having issues with allergic reactions, motion sickness, Parkinsonism, etc., so as to compel ongoing usage of Dicopanol (diphenhydramine). Therefore, the request was not medically necessary.

Fanatrex 25mg/ml Oral Suspension 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation National Library

of Medicine, Gabapentin (Fanatrex), Treats certain types of seizures. Also treats Restless Legs Syndrome (RLS) and pain caused by shingles (postherpetic neuralgia).

Decision rationale: Finally, the request for Fanatrex was likewise not medically necessary, medically appropriate, or indicated here. Fanatrex, per the National Library of Medicine (NLM), is a gabapentin containing agent. While page 49 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is indicated in the first line treatment of neuropathic pain, here, however, the attending provider did not clearly establish the presence of neuropathic pain complaints for which ongoing usage of Fanatrex (gabapentin) would have been indicated. Fanatrex (gabapentin), as with the other medications, was ordered on prewritten prescription forms, without supporting rationale or supporting commentary. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Here, however, the attending provider did not state why he was furnishing the applicant with a custom-compounded Fanatrex suspension in favor of conventional, genetic gabapentin capsules. Therefore, the request was not medically necessary.