

Case Number:	CM15-0104522		
Date Assigned:	06/08/2015	Date of Injury:	03/01/2013
Decision Date:	07/09/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: Arizona, California
 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 46 year old female, who sustained an industrial injury on 3/1/2013. She reported repetitive motion injury of the neck, shoulder, wrists, hands and low back. The injured worker was diagnosed as having cervical pain with radiculitis, right and left shoulder pain, right and left wrist and hand pain, and lumbosacral pain with sciatica, cervicgia, thoracic spine sprain/strain, anxiety, depression, insomnia, and acute reaction to stress. Treatment to date has included medications, cervical spine and lumbosacral epidural steroid injections. The request is for compound oral suspensions (Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex). On 6/16/2014, an AME report indicated that she had complaints of neck, shoulder, wrist, hand and low back pain. Epidural steroid injections are indicated to have helped with her pain. She reported difficulty with sleep. She indicated her pain is aggravated by prolonged activities. The treatment plan included: acupuncture, physical therapy, and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 9/7/14: Compound oral suspensions (Synapryn and Tabradol and Deprizine and Dicopanol and Fanatrex): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound drugs Page(s): 49; 64; 68; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Cyclobenzaprine Page(s): 16, 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. Tabradol contains Cyclobenzaprine. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the claimant had been given a combination of medication in combination with Tabradol. According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Fanatrex contains Gabapentin. In addition, the remaining compounds contain antihistamines and justification for an antihistaming was not provided The Synapryn and Tabradol and Deprizine and Dicopanol and Fanatrex is not medically necessary.