

<b>Case Number:</b>	CM15-0014699		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 69 year old male, who sustained an industrial injury on April 19, 2004. The injured worker has reported neck, shoulder, upper extremity, left knee and lumbar spine pain. The diagnoses have included cervical spine multilevel herniated nucleus pulposus, cervical spine multilevel degenerative disc disease, cervical spine radiculopathy, bilateral shoulder impingement syndrome, left shoulder rotator cuff tear, low back pain, lumbar spine radiculopathy, left knee medial meniscal tear, left elbow sprain/strain and bilateral wrist internal derangement. Treatment to date has included medication management, physical therapy, x-rays, MRI, electromyography and nerve conduction velocity study of the lower extremities and acupuncture. Current documentation dated December 16, 2014 notes that the injured worker had ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. The symptoms persist but the current medications offer temporary relief of pain and improve his ability to sleep. Physical examination of the cervical spine revealed tenderness to palpation and decreased range of motion. No spasms were noted. Cervical distraction and cervical compression testing were noted to be positive. Sensation to light touch was slightly diminished over the cervical five-cervical six dermatomes and bilateral upper extremities. Bilateral shoulder exam revealed tenderness to palpation and a decreased range of motion bilaterally. Special orthopedic tests were positive bilaterally. Examination of the elbows and wrists bilaterally revealed tenderness, decreased range of motion and positive special orthopedic testing. Lumbar spine examination showed tenderness to palpation with bilateral trigger points. There was also bilateral sciatic notch tenderness, greater on the left side. Range of motion and special

orthopedic tests were positive. Sensation to light touch was decreased in the lumbar four through sacral one dermatomes bilaterally. On January 20, 2015 Utilization Review non-certified requests for cervical spine acupuncture, bilateral shoulder acupuncture, lumbar spine acupuncture, Terocin Patches, Dicopanol 5 mg/ml oral suspension 250 ml, Deprizine 5 mg/ml oral suspension 250 mg, Fanatrex 25 mg/ml oral suspension 420 mg and Synapryn 10 mg/ml oral suspension 500 ml. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited. On January 26, 2015, the injured worker submitted an application for IMR for review cervical spine acupuncture, bilateral shoulder acupuncture, lumbar spine acupuncture, Terocin Patches, Dicopanol 5 mg/ml oral suspension 250 ml, Deprizine 5 mg/ml oral suspension 250 mg, Fanatrex 25 mg/ml oral suspension 420 mg and Synapryn 10 mg/ml oral suspension 500 ml.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cervical spine acupuncture (frequency, duration unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of and frequency of treatments is unknown and therefore the requested, as was submitted, is not medically necessary.

**Bilateral shoulder acupuncture (frequency, duration unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of and frequency of treatments is unknown and therefore the requested, as was submitted, is not medically necessary.

**Lumbar spine acupuncture (frequency, duration unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of and frequency of treatments is unknown and therefore the requested, as was submitted, is not medically necessary.

**Terocin patches (strength & qty unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

**Dicopanor 5mg/ml oral suspension, 150ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, Pain Chapter, Insomnia Treatment, [www.nlm.nih.gov](http://www.nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dicopanor Instructions Insert.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. Dicopanor is diphenhydramine hydrochloride in a FusePaq compounding kit which is intended for prescription compounding only. In this case, although the

claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Dicopanol is not medically necessary.

**Deprizine 5mg/ml oral suspension 250ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, Pain Chapter, Compound drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deprizine Instructions Insert.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. Deprizine is ranitidine hydrochloride in a FusePaq compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Deprizine is not medically necessary.

**Fanatrex 25mg/ml oral suspension 420ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18, 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, Pain Chapter, Compound drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fanatrex Instructions Insert.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. Fanatrex is gabapentin in a FusePaq compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Fanatrex is not medically necessary.

**Synapryn 10mg/ml oral suspension 500ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 50, 80-83. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th edition (web), 2015, Pain Chapter, Compound drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Synapryn Instructions Insert.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for ongoing neck, bilateral shoulder, bilateral elbow, bilateral wrist, left knee and low back pain. Synapryn is cyclobenzaprine with glucosamine in a FusePaq compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Synapryn is not medically necessary.