

Case Number:	CM15-0018986		
Date Assigned:	02/06/2015	Date of Injury:	12/31/2012
Decision Date:	04/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 injured worker is a 64 year old male who sustained an industrial injury on 12/31/12. The injured worker reported symptoms in the spine, shoulders, upper and lower extremities. The diagnoses included headache, cervical spine pain, sprain of ligaments of cervical spine, cervical radiculopathy, sprain and strain of shoulder joint bilateral, joint derangement bilateral shoulder, sprain and strain of thoracic spine, lumbar spine pain and radiculopathy, mood disorder, and sleep disorder. The injured worker also had a history of Parkinson's disease. Treatments included medications, shockwave therapy, chiropractic treatment, physiotherapy, and acupuncture. Diagnostics have included MRI scans of the shoulders, spine, and wrists. At visits in August 2014 through January 2015, the injured worker reported headaches, pain in the neck shoulders, wrists, hands, mid back, and low back with muscle spasms, insomnia, and depression. Medications were noted to offer temporary relief of pain and improve his ability to have restful sleep. Examination showed tenderness of the suboccipital region and trapezius muscles, the delto-pectoral groove and insertion of the supraspinatus muscle, the carpal bones and over the thenar and hypothenar eminence, and over the thoracic and lumbar paraspinal muscles. There was decreased range of motion of the neck, shoulders, wrists, and lumbar spine. Activities of daily living were noted to be limited. Work status was noted to be temporarily totally disabled. The documentation indicates that the injured worker has not worked since 12/32/12. Medications including dicopanlol, deprizine, fanatrex, synapryn, and trabadol, as well as additional medications, were prescribed from August to January 2014. Urine drug screens performed on the dates of office visits of 9/8/14 and 11/5/14 were negative for tramadol and

inconsistent with prescribed medication; these results were not addressed by the treating physician. On 1/14/15 Utilization Review non-certified the request for Dicopanol 150 milliliters, Deprizine 250 milliliters, Fanatrex 420 milliliters, Synapryn 500 milliliters and Tabradol 250 milliliters. The MTUS, ODG, MD consult and drugs.com were cited by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol DOS 12/06/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: insomnia.

Decision rationale: Dicopanol contains diphenhydramine and other unnamed ingredients. Medical necessity cannot be determined for unspecified compounds, and unpublished ingredients cannot be assumed to be safe or effective. Dicopanol is not medically necessary on this basis alone. In addition, Dicopanol is stated to be for insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the Official Disability Guidelines citation above. That citation also states that antihistamines are not indicated for long term use as tolerance develops quickly, and that there are many, significant side effects. Dicopanol is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and lack of information provided about the ingredients.

Deprizine DOS 1/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Deprizine is ranitidine in an oral suspension. Ranitidine is prescribed without any rationale provided. If ranitidine is prescribed as cotherapy with an NSAID, ranitidine is not the best drug. Note the MTUS recommendations cited. There are no medical reports which describe any signs and symptoms of possible GI disease. There is no examination of the abdomen on record. The injured worker was prescribed furbiprofen, a nonsteroidal anti-inflammatory agent (NSAID). Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. Ranitidine is not medically necessary based on the MTUS.

Fanatrex DOS 12-6-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drug (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: Fanatrex is a formulation of gabapentin in oral suspension. Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The injured worker has been prescribed fanatrex for at least 5 months without documentation of functional improvement. Work status remains temporarily totally disabled, there was no discussion of improvements in activities of daily living, office visits have continued at the same monthly frequency, and no reduction in medication was noted. In addition to fanatrex, there was a separate notation of prescription of gabapentin, which is duplicative and potentially toxic. Due to lack of demonstration of functional improvement, the request for fanatrex is not medically necessary.

Synapryn DOS 12/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids p. 77-80 glucosamine and chondroitin sulfate p. 50 Page(s): 77-78, 50.

Decision rationale: Synapryn contains tramadol with glucosamine in oral suspension. The reason for combining these medications is not discussed in any physician report. Given that tramadol is generally an as-needed medication to be used as little as possible, and that glucosamine (assuming a valid indication) is to be taken regularly regardless of acute symptoms, the combination product is illogical and not indicated. Tramadol is prescribed without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Opioids are minimally indicated, if at all, for chronic back pain. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Two urine drug screens included in the documents submitted were performed on the dates of office visits, which is not in accordance with guideline recommendations for random urine drug screens. Both were negative for tramadol, which was not consistent with the prescription of this medication, suggesting aberrant behavior, and these findings were not addressed. The MTUS provides support for treating moderate arthritis pain, particularly knee OA, with glucosamine sulphate. Other forms of glucosamine are not supported by good medical evidence. The treating physician in this case has not provided evidence of the form of glucosamine in Synapryn, and that it is the form recommended in the MTUS and supported by

the best medical evidence. Should there be any indication for glucosamine in this case, it must be given as a single agent apart from other analgesics, particularly analgesics like tramadol which are habituating. Synapryn is not medically necessary based on the MTUS, lack of good medical evidence, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Tabradol DOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): 41-42, 63-66.

Decision rationale: Tabradol is cyclobenzaprine in an oral suspension. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. This patient has chronic pain with no evidence of prescribing for flare-up. The MTUS states that treatment with cyclobenzaprine should be brief, and that the addition of cyclobenzaprine to other agents is not recommended. In this case, cyclobenzaprine is added to other agents. Prescribing was not for a short term exacerbation. The documentation indicates that trabadol has been prescribed for at least 5 months. There was no documentation of functional improvement as a result of trabadol, as the injured worker remains on temporarily totally disabled work status and there was no documentation of improvement in activities of daily living. The submitted documentation indicates a separate prescription for cyclobenzaprine, which is duplicative and potentially toxic. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.