

Case Number:	CM15-0132877		
Date Assigned:	07/22/2015	Date of Injury:	09/20/2013
Decision Date:	08/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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, Illinois

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:

This 57-year-old female sustained an industrial injury to bilateral knees on 9/20/13. Magnetic resonance imaging left knee (5/29/15) showed an obliterated medial compartment joint space with diffuse cartilage fissuring, large osteophyte formations, macerated medial meniscus and an anterior cruciate ligament tear. Magnetic resonance imaging right knee (5/29/15) showed a complex tear of the medial meniscus and lateral meniscus, a partial tear of the anterior cruciate ligament and osteophyte formation. Previous treatment included physical therapy, acupuncture and medications. In an initial orthopedic evaluation dated 3/26/14, the injured worker complained of bilateral knee pain rated 7/10 on the visual analog scale. The injured worker was diagnosed with bilateral knee sprain/strain, rule out internal derangement and prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen cream. In a PR-2 dated 4/14/15, the injured worker complained of bilateral knee pain rated 7-8/10 on the visual analog scale. The injured worker also complained of stress, anxiety, insomnia, depression and headaches. The injured worker reported that medications offered temporary relief of pain and improved her ability to have restful sleep. Physical exam was remarkable for bilateral knees with mild effusions, tenderness to palpation over the joint lines without evidence of instability, decreased range of motion and positive McMurray's tests bilaterally. Current diagnoses included headaches, bilateral knee medial meniscus tear, anxiety disorder, mood disorder, sleep disorder and stress. The treatment plan included continuing physical therapy and acupuncture three times a week for six weeks, an orthopedic surgery consultation, a psychology referral and continuing medications (Terocine patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabrodol, Cyclobenzaprine and Ketoprofen cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10ml/1ml oral suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker sustained a work related injury on 9/20/13. The medical records provided indicate the diagnosis of headaches, bilateral knee medial meniscus tear, anxiety disorder, mood disorder, sleep disorder and stress. Treatments have included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen cream. The medical records provided for review do not indicate a medical necessity for Synapryn 10ml/1ml oral suspension 500ml. Synapryn is a compound pain drug containing Tramadol, an opioid, glucosamine, and other agents. The MTUS is silent on compound drugs, but the Official Disability Guidelines does not recommend compound drugs as first line agents. Also, this guidelines states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The requested treatment is not medically recommended as it contains agents that are not recommended for chronic pain treatment.

Tabradol 1mg/ml oral suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker sustained a work related injury on 9/20/13. The medical records provided indicate the diagnosis of headaches, bilateral knee medial meniscus tear, anxiety disorder, mood disorder, sleep disorder and stress. Treatments have included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen cream. The medical records provided for review do not indicate a medical necessity for: Tabradol 1mg/ml oral suspension 500ml. Tabradol is a compounded drug containing cyclobenzaprine, glycerin, cherry flavor, xanthan gum, sodium citrate, citric acid, potassium sorbate, sodium benzoate. The MTUS is silent on compound drugs, but the Official Disability Guidelines does not recommend compound drugs as first line agents. In addition, these guidelines states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The requested treatment is not medically recommended as it contains agents that are not recommended for chronic pain treatment.

Deprizine 5mg/ml oral suspension 250ml: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 9/20/13. The medical records provided indicate the diagnosis of headaches, bilateral knee medial meniscus tear, anxiety disorder, mood disorder, sleep disorder and stress. Treatments have included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen cream. The medical records provided for review do not indicate a medical necessity for Deprizine 5mg/ml oral suspension 250ml. Deprizine a compounded drug containing ranitidine (an H2 receptor antagonist for stomach acid), glycerin, L-glutamine, xylitol, monoammonium glycyrrhizinate, pineapple flavor, xanthan gum, stevia powder, orange flavor, sodium citrate, citric acid, potassium sorbate, sodium benzoate). The MTUS is silent on compound drugs, but the Official Disability Guidelines does not recommend compound drugs as first line agents. In addition, these guidelines states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." The requested treatment is not medically recommended as it contains agents that are not recommended for chronic pain treatment.