

Case Number:	CM15-0139918		
Date Assigned:	07/29/2015	Date of Injury:	03/23/2015
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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 Zurich North America beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of March 23, 2015. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve requests for several compounded medications, dietary supplements, and oral suspensions. The claims administrator referenced a progress note and RFA form of May 20, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated May 20, 2015, Dicopanol, Fanatrex, Deprizine, Tabradol, Synapryn, a topical ketoprofen cream, and a topical cyclobenzaprine cream were endorsed. In an associated progress note dated May 20, 2015, the applicant reportedly consulted an orthopedist for the first time, reporting 5-6/10 low back pain, aggravated by sitting, standing, walking, and bending. The applicant was given prescriptions for Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine cream, and a ketoprofen cream in a highly templated manner. The applicant's complete medication list was not detailed. The applicant was asked to pursue 18 sessions of physical therapy and 18 sessions of manipulative therapy. The applicant's work status was not furnished, although it did not appear that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/1ml 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation 1. SYNAPRYN - DailyMeddaily.med.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...SYNAPRYN (tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit) 2. ACOEM Occupational Medicine Practice Guidelines, Knee Disorders, 3rd ed., pg. 600 1. Recommendation: Glucosamine Sulfate, Chondroitin Sulfate, or Methylsulfonylmethane for Knee Osteoarthritis. There is no recommendation for or against the use of glucosamine sulfate 1,500mg daily (single or divided dose), chondroitin sulfate, or methylsulfonylmethane for the treatment of knee osteoarthritis. Strength of Evidence No Recommendation, Insufficient Evidence (I).

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 a custom compounded amalgam of glucosamine and tramadol. However, the MTUS Guideline in ACOEM Chapter 3A, page 47 stipulates that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Here, the attending provider did not state why he was furnishing the applicant with a custom compounded suspension in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals. While the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that there is no recommendation for or against the usage of glucosamine in the treatment of knee osteoarthritis, here, however, there was no mention of the claimant's having any issues with knee arthritis present on or around the date in question, May 20, 2015. Since the glucosamine component in the amalgam was not recommended, the entire amalgam was not recommended. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date of the request, May 20, 2015, the MTUS Guideline in ACOEM Chapter 3, page 47 was invoked preferentially over the MTUS Chronic Pain Medical Treatment Guidelines.

Tabradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47. Decision based on Non-MTUS Citation 1. TABRADOL - DailyMeddaily.med.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 the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 notes that muscle relaxants such as cyclobenzaprine, the primary ingredient in the amalgam, are not recommended as part of initial approaches to

treatment. Since the cyclobenzaprine component in the Tabradol amalgam was not recommended, the entire amalgam was not recommended. The MTUS Guideline in ACOEM Chapter 3, page 47 also stipulates that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Here, however, the attending provider failed to establish a clear or compelling role for usage of the custom compounded Tabradol suspension in favor of what the MTUS Guideline in ACOEM Chapter 3 deems conventional first-line oral pharmaceuticals. Therefore, the request was not medically necessary.

Deprizine 15mg/ml 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consultation, Ranitidine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine. Ranitidine Treats and prevents heartburn with acid indigestion. Also treats stomach ulcers, gastroesophageal reflux disease (GERD), and conditions that cause your stomach to make too much acid (such as Zollinger-Ellison syndrome). This medicine is a histamine H2- blocker. Brand names: Zantac, Deprizine.

Decision rationale: Similarly, the request for Deprizine (ranitidine) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations, so as to ensure proper usage and so as to manage expectations. While the National Library of Medicine (NLM) does acknowledge that Deprizine (ranitidine) is indicated in the treatment of heartburn, acid indigestion, gastroesophageal reflux disease, etc., here, however, the May 20, 2015 progress note at issue made no mention of the applicant's having issues with reflux, heartburn, GERD, etc., for which Deprizine (ranitidine) would have been indicated. Therefore, the request was not medically necessary.

Dicopanor 5mg/ml 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine. Diphenhydramine Treats severe allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medicine is an antihistamine. Brand names: Benadryl, Sominex, Diphenhist, Wal-Dryl, Banophen, Hydramine, Silphen, Dicopanor.

Decision rationale: Similarly, the request for Dicopanor was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for

the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's May 20, 2015 progress note made no mention of what issue, diagnosis, or symptoms Dicopanol (diphenhydramine) was being prescribed. While the National Library of Medicine (NLM) does acknowledge that diphenhydramine (Dicopanol) is indicated in the treatment of severe allergic reactions, motion sickness, and/or Parkinson's disease, here, however, there was no mention of the applicant's having any such issues with motion sickness, allergic reactions, parkinsonism, etc., on or around the date in question, May 20, 2015. Therefore, the request was not medically necessary.

Fanatrex 25mg/ml 430ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. 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 (post herpetic neuralgia). Brand names: Gralise, Neurontin, Horizant, Fanatrex.

Decision rationale: Finally, the request for Fanatrex (gabapentin) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider's May 20, 2015 progress note did not clearly state for what issue, diagnosis, and/or purpose Fanatrex (gabapentin) had been prescribed. While the National Library of Medicine (NLM) does acknowledge that Fanatrex (gabapentin) can be employed to treat seizures, restless leg syndrome, and/or neuropathic pain associated with post herpetic neuralgia, here, however, the attending provider's progress note of May 20, 2015 made no mention of the applicant's having issues with post herpetic neuralgia, epilepsy, and/or restless leg syndrome for which Fanatrex (gabapentin) would have been indicated. A clear rationale for introduction of Fanatrex was not, in short, established. It was not stated, suggested, or insinuated for what purpose, diagnosis, and/or symptom gabapentin (Fanatrex) had been prescribed. The MTUS Guideline in ACOEM Chapter 3, page 47 also stipulates that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Here, the attending provider did not, however, state why he was prescribing brand-name, custom compounded Fanatrex suspension in favor of generic gabapentin capsules. Therefore, the request was not medically necessary. As with the preceding request(s), the MTUS Guideline in ACOEM Chapter 3 was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines since this was not clearly a chronic pain case as of the date in question, May 20, 2015.