

<b>Case Number:</b>	CM15-0143051		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/02/2015
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male, who sustained an industrial injury on 03-02-2015 secondary to lifting boxes above his shoulders when he felt a crack in his back and he was unable to move anymore. On most recent provider visit dated 05-28-2015 the injured worker has reported neck pain and spasms, left shoulder pain radiating down the arm fingers associated with muscle spasms, left elbow pain and muscle spasms, left wrist pain and muscle spasm, left groin area pain, low back pain and muscle spasms. On examination of the cervical spine revealed tenderness to palpation at occiputs, trapezius, sternocleidomastoid and levator scapula muscles, and range of motion was noted as decreased. Left shoulder revealed tenderness to palpation at subacromial space and supraspinatus, there as AC joint arthrosis. Range of motion was noted as left shoulder as decreased, and Neer's impingement and Kennedy test were noted as positive. Left elbow was noted to have tenderness to palpation over the medial and lateral epicondyle, and range of motion was decreased as well. Cozen's sign and Tinel's elbow sign was noted as positive. Left wrist-hand-thumb revealed tenderness at the carpal tunnel and first dorsal extension muscle compartment, generalized at the hand and the base of the thumb with a decreased range of motion, and Tinel's wrist and Phalen's sign was noted as positive. Lumbar spine was noted as tenderness to palpable tenderness with spasms at the paraspinal muscle and over the lumbosacral junctions, sciatic notch tenderness was noted as well with a decreased range of motion. The diagnoses have included cervical spine sprain-strain rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, left shoulder sprain-strain rule out derangement, left elbow sprain-strain, left wrist sprain-strain rule out derangement, left hand

pain, left thumb pain, low back pain, lumbar spine strain-strain rule out herniated nucleus pulposus , rule out radiculitis-lower extremity and rule out left inguinal hernia. Treatment to date has included medication and physical therapy. The injured worker underwent multiple MRI's. The provider requested compounds - Synapryn (10mg-1ml Oral Suspension 500mg, Tabradol 1mg-ml Oral Suspension 250ml, Deprizine 15mg-ml Oral Suspension 250ml, Dicopanol (Diphenhydramine) 5mg-ml Oral Suspension 150ml, Fanat.

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

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

**Compounds - Synapryn (10mg/ml Oral Suspension 500mg, Tabradol 1mg/ml Oral Suspension 250ml, Deprizine 15mg/ml Oral Suspension 250ml, Dicopanol (Diphenhydramine) 5mg/ml Oral Suspension 150ml, Fanat: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids; Opioids for chronic pain. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 6, Pain, Suffering, and the Restoration of Function; Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) online version (updated 06/15/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk and Cyclobenzaprine (Flexeril) and Antiepilepsy drugs (AEDs) and ongoing management Page(s): 69 and 41-42 and 64 and 16-19 and 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) , Insomnia treatment and Other Medical Treatment Guidelines  
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416> and  
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22434> and  
<http://www.drugs.com/pro/deprizine.html>.

**Decision rationale:** The request for compounds - Synapryn (10mg/ml Oral Suspension 500mg, Tabradol 1mg/ml Oral Suspension 250ml, Deprizine 15mg/ml Oral Suspension 250ml, Dicopanol (Diphenhydramine) 5mg/ml Oral Suspension 150ml, Fanat is not medically necessary per the MTUS Guidelines and the ODG and online reviews of these compounds. A review online reveals that Synapryn contains tramadol hydrochloride 10 mg/ml, in oral suspension with glucosamine as a compounding kit. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. Per an online review of Tabrodol it appears that Tabrodol contains cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. The MTUS guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cylobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. Deprizine was reviewed online and is noted to be a proton pump inhibitor. The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3)

concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The MTUS does not specifically mention treatment for insomnia. The ODG states that Dicopanor is prescribed for insomnia and contains Diphenhydramine. The ODG states that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next- day sedation has been noted as well as impaired psychomotor and cognitive function. The ODG states that failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Fanatrex is noted to contain Gabapentin and other proprietary ingredients including Glucosamine. The MTUS states that Gabapentin is recommended for neuropathic pain (pain due to nerve damage.) The documentation does not reveal extenuating reasons why the patient requires these medications as an oral suspension. There is no documentation of an inability to take non liquid forms of medication. The MTUS does not support long term use of diphenhydramine or Cylcobenazaprine which are components of Dicopanor and Tabradol. There is no support in the MTUS for the necessity of medications such as Gabapentin or Synapryn in conjunction with Glucosamine. For all of these reasons this request is not medically necessary.