

Case Number:	CM15-0145280		
Date Assigned:	08/06/2015	Date of Injury:	07/22/2013
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who sustained an industrial injury on 7-22-2013. She has reported injury to the right wrist and low back and has been diagnosed with right wrist radial styloid tenosynovitis (de Quervains), right wrist pain, subchondral cyst, right wrist, lumbar disc displacement herniated nucleus pulposus, Schmorl's nodes, lumbar region, lumbar spine degenerative disc disease, hemangioma, lumbar spine, radiculopathy, lumbar region, and lumbar spine pain. Treatment has included medications, medical imaging, and physical therapy. Range of motion to the right wrist was decreased with a positive TFCC load test, Finklestein's, and Tinel. There was bilateral lumbar paraspinal muscle guarding. The spinous processes L2-L5 were tender to palpation. There was plus two tenderness at the sacro-tuberous ligaments. There were trigger points noted at the left PSIS. Range of motion was decreased. There was a positive straight leg raise to the right and left at 60 degrees. The treatment plan included medications. The treatment request included multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn (10 mg/1ml oral suspension) 500 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS SYNAPRYN Page(s): 60, 61, 76-78, 88,89.

Decision rationale: The 51-year-old patient complains of right wrist pain, rated at 6/10, and lower back pain, rated at 7/10, causing numbness and tingling in bilateral lower extremities, as per progress report dated 05/26/15. The request is for Synapryn (10 mg/1ml oral suspension) 500 ml. The RFA for the case is dated 05/26/15, and the patient's date of injury is dated 07/22/13. Diagnoses, as per progress report dated 05/26/15, included right wrist radial styloid tenosynovitis (de Quervain), right wrist pain, right wrist subchondral wrist, lumbar disc displacement HNP, lumbar Schmorl's nodes, lumbar degenerative disc disease, lumbar hemangioma, lumbar radiculopathy, and lumbar pain. Medications included Dicoprofanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, a prescription for Synapryn is first noted in progress report dated 05/22/14, and the patient has been taking the medication consistently at least since then. In progress report dated 05/26/15, the treater states that "medications do offer temporary relief of pain and improve her ability to have a restful sleep." The report also states that the patient does not have any problems with medications. The treater, however, does not use a numerical scale to show decrease in pain nor does the treater provide specific examples that indicate increase in function. While the treater states that "period UA toxicological evaluation shall be performed," no CURES and UDS reports are available for review. There is no discussion regarding side effects of Synapryn. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. MTUS p80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Additionally, the request does not include quantity and duration of treatment. Hence, it is not medically necessary.

Tabradol (1 mg/ml oral suspension) 250 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 51-year-old patient complains of right wrist pain, rated at 6/10, and lower back pain, rated at 7/10, causing numbness and tingling in bilateral lower extremities, as per progress report dated 05/26/15. The request is for Tabradol (1 mg/ml oral suspension) 250 ml. The RFA for the case is dated 05/26/15, and the patient's date of injury is dated 07/22/13. Diagnoses, as per progress report dated 05/26/15, included right wrist radial styloid tenosynovitis (de Quervain), right wrist pain, right wrist subchondral wrist, lumbar disc displacement HNP, lumbar Schmorl's nodes, lumbar degenerative disc disease, lumbar hemangioma, lumbar radiculopathy, and lumbar pain. Medications included Dicoprofenol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. MTUS pg 63-66 states, Muscle Relaxants section: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. "In this case, a prescription for Tabradol is first noted in progress report dated 05/22/14, and the patient has been taking the medication consistently at least since then. In progress report dated 05/26/15, the treater states that "medications do offer temporary relief of pain and improve her ability to have a restful sleep." The report also states that the patient does not have any problems with medications. While the medication appears beneficial, MTUS does not support long-term use of Cyclobenzaprine. Hence, it is not medically necessary.

Deprizine (15 mg/ml oral suspension) 250 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Section Page(s): 69.

Decision rationale: The 51-year-old patient complains of right wrist pain, rated at 6/10, and lower back pain, rated at 7/10, causing numbness and tingling in bilateral lower extremities, as per progress report dated 05/26/15. The request is for Deprizine (15 mg/ml oral suspension) 250 ml. The RFA for the case is dated 05/26/15, and the patient's date of injury is dated 07/22/13. Diagnoses, as per progress report dated 05/26/15, included right wrist radial styloid tenosynovitis (de Quervain), right wrist pain, right wrist subchondral wrist, lumbar disc displacement HNP, lumbar Schmorl's nodes, lumbar degenerative disc disease, lumbar hemangioma, lumbar radiculopathy, and lumbar pain. Medications included Dicoprofenol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines pg. 69, NSAIDs, GI symptoms & cardiovascular risk Section states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. . . PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In this case, a prescription for Deprizine is first noted in progress report dated 05/22/14, and the patient has

been taking the medication consistently at least since then. In progress report dated 05/26/15, the treater states that medications offer relief and the patient does not have any problems with medications. Prophylactic use of Deprizine is indicated by MTUS. However, there are no NSAID's included in-patient's medications. Furthermore, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Therefore, the request is not medically necessary.

Dicpanol (diphenhydramine), (5 mg/ml oral suspension) 150 ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Insomnia treatments.

Decision rationale: The 51-year-old patient complains of right wrist pain, rated at 6/10, and lower back pain, rated at 7/10, causing numbness and tingling in bilateral lower extremities, as per progress report dated 05/26/15. The request is for Dicopanol (diphenhydramine), (5 mg/ml oral suspension) 150 ml. The RFA for the case is dated 05/26/15, and the patient's date of injury is dated 07/22/13. Diagnoses, as per progress report dated 05/26/15, included right wrist radial styloid tenosynovitis (de Quervain), right wrist pain, right wrist subchondral wrist, lumbar disc displacement HNP, lumbar Schmorl's nodes, lumbar degenerative disc disease, lumbar hemangioma, lumbar radiculopathy, and lumbar pain. Medications included Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. ODG-TWC, Mental Illness & Stress Chapter under Insomnia treatments states: Over-the-counter medications: 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. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. In this case, a prescription for Deprizine is first noted in progress report dated 05/22/14, and the patient has been taking the medication consistently at least since then. In progress report dated 05/26/15, the treater states that "medications do offer temporary relief of pain and improve her ability to have a restful sleep." The report also states that the patient does not have any problems with medications. The patient does suffer from sleep disturbance due left low back pain, as per progress report dated 04/05/15. However, Dicopanol contains diphenhydramine, an anti-histamine. ODG states that tolerance develops within a few days and long-term use is not supported. In this case there is no long-term support for Dicopanol usage and the treating physician has not stated that this medication for short-term usage. Furthermore, Dicopanol contains diphenhydramine and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. In addition, the treating physician provides no discussion as to why oral suspensions are being requested. Therefore, this requested Dicopanol is not medically necessary.

Fanatrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18-19.

Decision rationale: The 51-year-old patient complains of right wrist pain, rated at 6/10, and lower back pain, rated at 7/10, causing numbness and tingling in bilateral lower extremities, as per progress report dated 05/26/15. The request is for Fanatrex. The RFA for the case is dated 05/26/15, and the patient's date of injury is dated 07/22/13. Diagnoses, as per progress report dated 05/26/15, included right wrist radial styloid tenosynovitis (de Quervain), right wrist pain, right wrist subchondral wrist, lumbar disc displacement HNP, lumbar Schmorl's nodes, lumbar degenerative disc disease, lumbar hemangioma, lumbar radiculopathy, and lumbar pain. Medications included Dicoprofenol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. MTUS has the following regarding Gabapentin on page 18-19. Anti-epilepsy drugs section: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Fanatrex is first noted in progress report dated 05/22/14, and the patient has been taking the medication consistently at least since then. While the request does not include quantity or duration of treatment, the RFA states that the request is for Fanatrex 25 mg/ml oral suspension 420 ml. In progress report dated 05/26/15, the treater states that "medications do offer temporary relief of pain and improve her ability to have a restful sleep." The report also states that the patient does not have any problems with medications. However, this is not specific to Gabapentin. Additionally, there is no diagnoses of neuropathic pain for which Fanatrex is recommended. Hence, the request is not medically necessary.