

Case Number:	CM15-0181494		
Date Assigned:	09/22/2015	Date of Injury:	11/10/2014
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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 injured worker (IW) is a 51 year old female who sustained an industrial injury on 11-10-2014. The injured worker's diagnoses are listed as follows: 1. Cervical spine sprain-strain, herniated nucleus pulposus, 2. Cervical radiculopathy, 3. Bilateral shoulder sprain-strain, rule out rotator cuff tear, 4. Rule out bilateral shoulder impingement syndrome, 5. Bilateral elbow sprain-strain, rule out lateral epicondylitis, 6. Bilateral wrist sprain-strain, rule out tenosynovitis, 7. Rule out bilateral wrist carpal tunnel syndrome, 8. Chest pain, 9. Rule out costochondritis, 10. Abdominal pain, 11. Low back pain, 12. Lumbar spine sprain -strain, herniated nucleus pulposus, 13. Lumbar radiculopathy, 14. Bilateral hip sprain-strain, rule out internal derangement, 15. Bilateral knee sprain-strain, rule out internal derangement, 16. Bilateral ankle-foot sprain-strain, rule out internal derangement, 17. Rule out bilateral plantar fasciitis, 18. Sleep disorder. Treatment to date has included oral and topical medications. In the provider notes of 07-31-2015, the injured worker complains of the following pains with ratings of 0-10 on a visual analog scale (VAS): Neck pain that is sharp, stabbing, constant, moderate to severe rated a 5-6 on a VAS. Pain is aggravated by range of motion and repetitive motion. It is associated with numbness and tingling of the bilateral upper extremities.-Shoulder pain that is sharp and burning rated a 6 on a VAS scale. Pain is described as constant, moderate to severe. It is aggravated by gripping, grasping, reaching pulling, lifting and working at or above shoulder level. Bilateral intermittent to frequent elbow pain described as mild to moderate , rated a 4-5 on a VAS and aggravated by gripping, grasping, pulling and lifting. Bilateral sharp, burning, constant wrist pain rated a 6 on VAS. Aggravated by gripping, grasping, reaching, pulling and lifting. There is also

complaint of weakness, numbness, tingling, and pain radiating into the hands and fingers.- Chest pain rated a 3-4 on a VAS. Described as constant, mild to moderate, the pain is aggravated by actions that increase the intra-abdominal pressure. Abdominal pain rated a 5 on the VAS and described as constant, moderate to severe and aggravated by actions that increase the intra-abdominal pressure. Low back pain described as frequent to constant, moderate to severe, and rated a 7 on the VAS. The pain is sharp and stabbing with radicular symptoms in the bilateral lower extremities. It is aggravated by prolonged positioning, ascending or descending stairs, and stooping. She denies bowel or bladder problems. Knee pain rated a 5 on the VAS. The pain is aggravated by range of motion, weight bearing, standing, and walking.- Bilateral ankle/foot pain rated a 5 on a VAS. The pain is described as constant, moderate to severe and aggravated with range of motion, weight bearing, standing, and walking. She also complains of insomnia. Medications and activity restrictions alleviate her pain. She denies problems with the medications. On exam, Myotomes C5-6-7-and T1 are decreased secondary to pain. There is tenderness to palpation over the medial and lateral malleolus and over the anterior talofibular ligament and plantar fascia. There is slightly decreased sensation in the L4, L5, and S1 dermatomes and decreased motor strength secondary to pain. The treatment plan included medications. The worker was advised to remain off work 07-31-2015 through 08-28-2015. A request for authorization was submitted for Oral suspensions: Synapryn (10mg/1mg) 500ml, Tabradol (1mg/ml) 250ml, Deprizine (5mg/ml) 250ml, Dicopanol (5mg/ml) 150ml, Fanatrex (25mg/ml) 420ml. A utilization review decision 08-26-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Synapryn (10mg/1mg) 500ml containing tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. Synapryn is not medically necessary.

Oral Suspension Tabradol (1mg/ml) 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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 requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Oral Suspension Tabradol (1mg/ml) 250ml is not medically necessary.

Oral Suspension Deprizine (5mg/ml) 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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 requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Oral Suspension Deprizine (5mg/ml) 250ml is not medically necessary.

Oral Suspension Dicopanol (5mg/ml) 150ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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 requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a

contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Oral Suspension Dicopanol (5mg/ml) 150ml is not medically necessary.

Oral Suspension Fanatrex (25mg/ml) 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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 requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Oral Suspension Fanatrex (25mg/ml) 420ml is not medically necessary.