

<b>Case Number:</b>	CM15-0190367		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 39 year old male who sustained an industrial injury 08-05-11. A review of the medical records reveals the injured worker is undergoing treatment for headaches, low back pain, lumbar spine disc displacement and herniated nucleus pulpous, lumbar radiculopathy, status post right knee arthroscopy, right knee medial meniscal tear, right ankle joint derangement, abdominal pain, anxiety disorder, sleeps disorder, and mood disorder. Medical records (08-21-15) reveal the injured worker complains of headaches, radicular low back pain, and right ankle pain and spasms rated at 5-6/10, as well as right knee pain rated at 7-8/10. The physical exam (08-21-15) reveals tenderness to palpation at the bilateral paraspinal. There is also bilateral lumbar paraspinal muscle guarding and 2+ tenderness to palpation is noted at the sacro-tuberous ligaments. Range of motion is decreased in the lumbar spine and right knee. Tenderness to palpation is noted in the medial and lateral right knee joint line. Slightly decreased sensation to pin-prick and light touch is noted at the L4-S1 dermatomes bilaterally. Prior treatment includes 3 epidural steroid injections, medications, and right knee surgery. The original utilization review (08-31-15) non-certified the request for Synapryn 10mg/ml 500ml, Tabradol 1mg/ml 250ml, Deprizine 15mg/ml 250ml, Dicopanor 5mg/ml 150ml, and Fanatrex 25mg/ml 420ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synapryn 10 mg/1 ml, Qty 500 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Synapryn, per the National Library of Medicine (NLM), is an amalgam of tramadol and glucosamine. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines notes that glucosamine is indicated in the treatment of arthritis and, in particular, that associated with knee arthritis, in this case, however, there was no mention of the applicant's having any issues with either arthritis and/or knee arthritis for which usage of glucosamine would have been indicated. Since the glucosamine ingredient in the Synapryn amalgam is not recommended, the entire amalgam is not medically necessary.

**Tabradol 1 mg/ ml, Qty 250 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Tabradol, per the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that cyclobenzaprine is not recommended for topical compound formulation purposes. Since one or more ingredients in the amalgam is not recommended, the entire amalgam is not recommended, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary. Therefore, based on the submitted medical documentation, the request for tabradol is not medically necessary.

**Deprizine 15 mg/ ml, Qty 250 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. While the MTUS Chronic Pain Medical Treatment

Guidelines notes that H2 antagonists such as ranitidine (Deprizine) are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date in question. Therefore, based on the submitted medical documentation, the request for deprizine is not medically necessary.

**Dicopanol 5 mg/ ml, Qty 150 ml: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Nonprescription medications.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. While the MTUS does not specifically address the topic of Dicopanol (diphenhydramine), the MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that it is incumbent upon a prescribing provider to discuss the efficacy of the medication for the particular condition for which it is being prescribed. Here, the attending provider did not clearly state or stipulate for which condition or conditions Dicopanol (diphenhydramine) was being prescribed. While the National Library of Medicine (NLM) acknowledges that Dicopanol is indicated in the treatment of allergic reactions, motion sickness, and/or parkinsonism, in this case, however, there was no mention of the applicant's having any issues with parkinsonism, motion sickness, etc., on or around the date in question. Therefore, based on the submitted medical documentation, the request for dicopanol is not medically necessary.

**Fanatrex 25 mg/ ml, Qty 420 ml: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is indicated in the treatment of localized peripheral pain or neuropathic pain as was/is present here in the form of the applicant's digital paresthesias, this recommendation is, however, qualified by commentary made on page 47 of the ACOEM Practice Guidelines and on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "cost" into his choice of pharmacotherapy. Here, the attending provider did not clearly outline why a custom compounded, brand-name Fanatrex agent was being employed in favor of generic gabapentin. The attending provider, thus, did not incorporate any discussion of cost into his

choice of pharmacotherapy. Therefore, based on the submitted medical documentation, the request for fanatrex is not medically necessary.