

Case Number:	CM15-0203046		
Date Assigned:	10/19/2015	Date of Injury:	06/30/2014
Decision Date:	12/29/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 41 year old male who sustained an industrial injury on 06-30-2014. A review of the medical records indicated that the injured worker is undergoing treatment for headaches, cervical sprain and strain, bilateral shoulder rotator cuff tear, tendonitis, bursitis and acromioclavicular joint arthrosis, lumbar spine herniated nucleus pulposus, lumbar degenerative disc disease, anxiety, stress, mood and sleep disorder. According to the treating physician's progress report on 08-27-2015, the injured worker continues to experience headaches, neck pain associated with numbness and tingling of the bilateral upper extremities, bilateral shoulder pain and low back pain associated with numbness and tingling of the bilateral lower extremities rated at 5-6 out of 10 on the pain scale. The injured worker also reported stress, anxiety, insomnia and depression brought on by chronic pain and physical limitations. Examination of the cervical spine demonstrated tenderness to palpation at the occiputs, trapezius, splenius, scalene, sternocleidomastoid and levator scapula muscles with full range of motion and positive Spurling's and cervical compression tests bilaterally. Bilateral shoulder noted tenderness to palpation at the trapezius, supraspinatus, rhomboids and levator scapula muscles with full range of motion and positive Neer's impingement and Kennedy Hawkins signs bilaterally. Sensation to pinprick and light touch was slightly decreased over C5 through T1 dermatomes in the bilateral upper extremities. Motor strength was 4 out of 5 in all muscle groups in the bilateral upper extremities. Observation noted ability to heel-to-toe walk with pain when heel walking. There was tenderness to palpation at the lumbar paravertebral muscles, quadratus lumborum and over the lumbosacral junction. Range of motion demonstrated flexion to the proximal tibias, extension

at 10 degrees, and bilateral lateral flexion and bilateral rotation at 25 degrees each. Tripod sign, Flip test and Lasegue's differential were positive bilaterally. Sensation to pinprick and light touch was slightly decreased at the L4, L5 and S1 dermatomes bilaterally and motor strength in the bilateral lower extremities was 4 out of 5. Deep tendon reflexes and pulses were intact and symmetrical in all four extremities. Right shoulder magnetic resonance imaging (MRI) official report performed on 03-12-2015 was included in the medical review. Prior treatments have included diagnostic testing, acupuncture therapy (6 sessions), physical therapy, chiropractic therapy and medications. There was no documented medical history of gastrointestinal (GI) disorders or side effects to medications. Current medications were listed as Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and topical creams. Medications have been prescribed since approximately 03-2015. Treatment plan consists of physical therapy, acupuncture therapy, chiropractic therapy, Functional Capacity Evaluation (FCE), continue with extracorporeal shockwave therapy for the shoulder, pain management consultation for possible epidural steroid injection for the cervical and lumbar spine and the current request for Fanatrex, Gabapentin, 25mg-ml oral suspension 420ml, take 1 teaspoon, 5ml, 3 times a day or as directed by your physician for chronic neuropathic pain, Tabradol, 1mg-1 ml oral suspension, 250ml, take 1 teaspoon, 5ml, 2 to 3 times a day or as directed by your physician for muscle spasms, Deprizine 15mg-ml oral suspension 250 ml, take 2 teaspoons, 10ml, once daily or as directed by your physician for gastrointestinal pain and as a prophylaxis against the development of gastric ulcer, Cyclobenzaprine 5% cream 110grams, apply a thin layer to affected area(s) 3 times a day for muscle spasms, Dicopanol 5mg-ml oral suspension, 150ml, take 1ml by mouth at bedtime, may increase as tolerated to a maximum of 5ml UD by MD for insomnia and Synapryn 10mg-ml oral suspension, 500ml, take 1 teaspoon, 5ml 3 times a day or as directed by your physician for pain. On 09-18-2015 the Utilization Review determined the request for Fanatrex, Gabapentin, 25mg-ml oral suspension 420ml for chronic neuropathic pain, Tabradol, 1mg-1ml oral suspension, 250ml for muscle spasms, Deprizine 15mg-ml oral suspension 250 ml, take 2 teaspoons, once daily or as directed by your physician for gastrointestinal pain and as a prophylaxis against the development of gastric ulcer, Cyclobenzaprine 5% cream 110grams, apply a thin layer to affected area(s) 3 times a day for muscle spasms, Dicopanol 5mg-ml oral suspension, 150ml, take 1ml by mouth at bedtime, may increase as tolerated to a maximum of 5ml for insomnia and Synapryn 10mg-ml oral suspension, 500ml, take 1 teaspoon, 3 times a day or as directed by your physician for pain was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex, Gabapentin, 25 mg/ml oral suspension #420 ml, take 1 teaspoon, 5 ml 3 times a day or as directed by your physician for chronic neuropathic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsant.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic and chronic musculoskeletal pain. The guidelines recommend that the utilization of non compounded medications for effective evaluation of efficacy and dosage titration. The utilization of compounded medications is limited to patient with documented failed treatment with standard formulations of guidelines recommended first line medications. The records did not show that the patient have failed treatment with standard formulations of gabapentin medication. The criteria for the use of Fanatrex, gabapentin 25mg/ml oral suspension #420 ml, take 1 teaspoon ml 3 times a day as directed by physician for chronic neuropathic pain was not met. Therefore, the request is not medically necessary.

Tabradol, 1 mg/1 ml oral suspension, #250 ml, take 1 teaspoon, 5 ml, 2 to 3 times a day or as directed by your physician for muscle spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of chronic musculoskeletal pain. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. The guidelines recommend that the utilization of non compounded medications for effective evaluation of efficacy and dosage titration. The utilization of compounded medications is limited to patient with documented failed treatment with standard formulations of guidelines recommended first line medications. The records did not show that the patient have failed treatment with standard formulations of cyclobenzaprine medication. The duration of utilization of Tabradol had exceeded the guidelines recommended maximum period of 4 to 6 weeks for muscle relaxants. The criteria for the use of Tabradol 1mg/ml oral suspension 250 ml 1 teaspoon 5ml 2 to 3 times a day as directed by physician for muscle spasm was not met. Therefore, the request is not medically necessary.

Deprizine 15mg/ml oral suspension #250 ml, take 2 teaspoons, 10 ml, once daily or as directed by your physician for gastrointestinal pain and as a prophylaxis against the development of gastric ulcer: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prevention and treatment of medication induced gastritis in the elderly and patients with a history of significant gastrointestinal disease. The guidelines recommend that the utilization of non compounded medications for effective evaluation of efficacy and dosage titration. The utilization of compounded medications is limited to patient with documented failed treatment with standard formulations of guidelines recommended first line medications. The records did not show that the patient had a significant history of NSAIDs induced gastrointestinal disease. There is no documentation of treatment with standard formulations of ranitidine medication. The guidelines recommend the utilization of proton pump inhibitors not H2 antagonists when prophylactic treatment is indicated. The criteria for the use of Deprizine 15mg/ml 250ml 2 teaspoons, 10ml once daily as directed by physician for gastrointestinal pain and prophylaxis against development of gastric ulcer was not met. Therefore, the request is not medically necessary.

Cyclobenzaprine 5% cream #110 grams, apply a thin layer to affected area(s) 3 times a day for muscle spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short-term treatment of exacerbation of chronic musculoskeletal pain. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. The guidelines recommend that the utilization of non compounded medications for effective evaluation of efficacy and dosage titration. The utilization of compounded medications is limited to patient with documented failed treatment with standard formulations of guidelines recommended first line medications. The records did not show that the patient have failed treatment with standard formulations of cyclobenzaprine medication. The patient is utilizing multiple formulations of cyclobenzaprine. The duration of utilization of Tabradol had exceeded the guidelines recommended maximum period of 4 to 6 weeks for muscle relaxants The criteria for the use of cyclobenzaprine 5% cream 110grams apply a thin layer to affected area 3 times a day for muscle spasm was not met. Therefore, the request is not medically necessary.

Dicopanol 5 mg/ml oral suspension, #150 ml, take 1 ml by mouth at bedtime, may increase as tolerated to a maximum of 5 ml UD by MD for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and stress chapter, Sedative hypnotics.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antihistamines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that medications can be utilized for the short-term treatment of insomnia. The guidelines recommend that the utilization of non compounded medications for effective evaluation of efficacy and dosage titration. The utilization of compounded medications is limited to patient with documented failed treatment with standard formulations of guidelines recommended first line medications. The records did not show that the patient have failed treatment with standard formulations of sleep medications. The guidelines did not recommend the utilization of antihistamine-diphenhydramine for the treatment of insomnia. The criteria for the use of Dicopanol 5mg/ml oral suspension 150ml, 1 ml by mouth at bedtime as tolerated to a maximum of 5ml for insomnia was not met. Therefore, the request is not medically necessary.

Synapryn 10 mg/ml oral suspension, #500 ml, take 1 teaspoon, 5 ml 3 times a day or as directed by your physician for pain, unresponsive to first-line treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of chronic musculoskeletal pain. The guidelines recommend that the utilization of non compounded medications for effective evaluation of efficacy and dosage titration. The utilization of compounded medications is limited to patient with documented failed treatment with standard formulations of guidelines recommended first line medications. The records did not show that the patient have failed treatment with standard formulations of tramadol medication. The guidelines did not recommend the utilization of compound medications containing tramadol and glucosamine in the treatment of musculoskeletal pain. The criteria for the use of Synapryn 10mg/ml oral suspension 500ml 1 teaspoon / 5ml 3 times a day as directed for pain unresponsive to first line treatment was not met. Therefore, the request is not medically necessary.