

<b>Case Number:</b>	CM15-0207743		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 is a 52-year-old female, with a reported date of injury of 11-10-2014. The diagnoses include neck sprain and strain, cervical radiculopathy, bilateral shoulder sprain and strain, rule out rotator cuff tear, rule out bilateral shoulder impingement syndrome, bilateral elbow sprain and strain, rule out lateral epicondylitis, bilateral wrist sprain and strain, rule out tenosynovitis, rule out bilateral wrist carpal tunnel syndrome, chest pain, rule out costochondritis, low back pain, lumbosacral sprain and strain, lumbar herniated nucleus pulposus, lumbar radiculopathy, bilateral hip sprain and strain, rule out internal derangement, bilateral knee sprain and strain, rule out internal derangement, contusion of the knee, bilateral ankle and foot sprain and strain, rule out internal derangement, rule out bilateral plantar fasciitis, and sleep disorder. The initial orthopedic comprehensive report dated 09-10-2015 indicates that the injured worker reported constant pain in the neck, associated with numbness and tingling, and rated 7 out of 10. The pain radiated to her head and extended to the shoulders. She reported constant pain in the lower back, with numbness, tingling, and weakness, and rated 8 out of 10. The pain radiated to the buttocks, hips, legs, and feet. She reported constant pain in the left shoulder, with numbness and tingling, rated 8 out of 10, and with radiation to the left arm. There was a complaint of intermittent pain in the right shoulder, with weakness, numbness, and tingling, and rated 7 out of 10, with radiation of pain to the right arm and right elbow. The injured worker complained of constant pain in the mid back, with weakness, numbness, and tingling, and rated 8 out of 10. The pain radiated to her neck and chest. On 08-14-2015, the injured worker rated her neck pain 5-6 out of 10; her bilateral shoulder pain 6 out of 10; the

bilateral elbow pain 4-5 out of 10; her bilateral wrist pain 6 out of 10; her chest pain 3-4 out of 10; the low back pain 7 out of 10; abdominal pain 5 out of 10; her bilateral hip pain 3-4 out of 10; bilateral knee pain 5 out of 10; and her bilateral ankle and foot pain 5 out of 10. The injured worker also complained of anxiety, depression, and insomnia due to pain; and intermittent headaches. The physical examination showed an abnormal gait with a limp in the right leg; use of a cane; palpation of the cervical spine revealed tightness, spasm, muscle guarding at the trapezius, sternocleidomastoid and strap muscles, bilaterally; tenderness of the spinal processes of cervical vertebrae, bilaterally; positive Spurling's test, bilaterally; decreased range of motion of the bilateral shoulders; tenderness of the bilateral shoulders and surrounding muscles; positive bilateral impingement test; decreased range of motion of the bilateral elbows; positive bilateral tennis elbow; decreased range of motion of the bilateral wrists and hands; positive bilateral Tinel's and Phalen's tests; decreased range of motion of the lumbar spine; positive bilateral straight leg raise; tenderness, tightness and spasm in the lumbar spine; decreased range of motion of the bilateral hips; full extension of the bilateral knees; decreased flexion of the bilateral knees; positive bilateral McMurray's and medial tenderness; no joint effusion in the bilateral knees; bilateral medial and lateral joint line tenderness and positive bilateral chondromalacia patella compression test; and decreased bilateral ankle and feet range of motion. The injured worker was presently being placed on temporary total disability. The diagnostic studies to date have included an MRI of the left foot on 07-22-2015 possible synovitis, and possible intermetatarsal head bursitis; an MRI of the right foot on 07-22-2015 which showed possible synovitis, and possible intermetatarsal head bursitis; a urine drug screen on 05-29-2015 with negative findings; and a urine drug screen on 06-30-2015 with negative findings. Treatments and evaluation to date have included Synapryn (since at least 05-2015), Tabradol (since at least 05-2015), Fanatrex (since at least 05-2015), Dicopanol (since at least 05-2015), Deprizine (since at least 05-2015), Cyclobenzaprine, Ketoprofen cream, compounded Amitriptyline-Gabapentin-Bupivacaine-Hyaluronic acid, compounded Flurbiprofen-Baclofen-Dexamethasone-Hyaluronic acid, physical therapy (moderate benefit), and acupuncture treatment (with much benefit). The request for authorization was dated 09-22-2015. The treating physician requested Synapryn (10mg-1ml) 500ml, Tabradol (1mg-ml) 250ml, Deprizine (15mg-ml) 250ml, Dicopanol (5mg-ml) 150ml, and Fanatrex (25mg-ml) 420ml. On 09-25-2015, Utilization Review (UR) non-certified the request for Synapryn (10mg-1ml) 500ml, Tabradol (1mg-ml) 250ml, Deprizine (15mg-ml) 250ml, Dicopanol (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 (10mg/1ml) 500ml: Upheld**

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

**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. Synapryn (10mg/1ml) 500ml is not medically necessary.

**Tabradol (1mg/ml) 250ml:** Upheld

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

**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. Tabradol (1mg/ml) 250ml is not medically necessary.

**Deprizine (15mg/ml) 250ml:** Upheld

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

**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. Deprizine (15mg/ml) 250ml is not medically necessary.

**Dicopanol (5mg/ml) 150ml:** Upheld

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

**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. Dicopanol (5mg/ml) 150ml is not medically necessary.

**Fanatrex (25mg/ml) 420ml:** Upheld

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

**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. Fanatrex (25mg/ml) 420ml is not medically necessary.