

Case Number:	CM15-0024761		
Date Assigned:	02/18/2015	Date of Injury:	07/29/2011
Decision Date:	12/04/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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: New York, California

Certification(s)/Specialty: Emergency 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 42 year old male who sustained an industrial injury on July 29, 2011. On December 15, 2014 the worker underwent initial orthopedic evaluation noted current subjective complaint of: "continuous aching in the knees, at times becoming sharp, shooting and burning pain." The pain travels to the calves. He has clicking, popping and locking in his knees. He has episodes of swelling, knees giving out and losing balance. He is utilizing pain medications, TENS unit and wearing knee supports that provide him temporary relief of pain. The following diagnoses were applied to this visit: left knee tendinitis, bursitis, and rule out meniscal tear; right knee tendinitis, bursitis, rule out meniscal tear, and right knee chondromalacia. Current medications at primary follow up dated December 03, 2014 reported current medication regimen consisting of: Tabradol, Synapryn, Fanatrex, Dicopanol, and Deprizine. Primary follow up dated June 25, 2014 reported the following medications prescribed this visit: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, tramadol, Menthol, Flexeril. On January 07, 2015 a request was made for the following: Fanatrex, Terocin patches, Synapryn, Deprizine, and Dicopanol which were noncertified by Utilization Review on January 30, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex 25mg/ml oral suspension 420ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fanatrex.html>.

Decision rationale: CaMTUS and ODG are silent on this topic. According to the above reference, Fanatrex is a combination of gabapentin and other proprietary ingredients. Unknown components of a medication cannot be evaluated to determine their safety or medical necessity. Additionally, this product has "has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA." The request does not include dosing or frequency. As such, the request for Fanatrex is not medically necessary.

Terocin patches (unknown quantity): 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): Topical Analgesics.

Decision rationale: The treating physician has not discussed the ingredients of Terocin and the specific indications for this injured worker. Per the manufacturer, Terocin is Methyl Salicylate 25%, Menthol 10%, Capsaicin 0.025%, Lidocaine 2.5%, Aloe, Borage Oil, Boswellia Serrata, and other inactive ingredients. Per page 60 of the MTUS, medications should be trialed one at a time. Regardless of any specific medication contraindications for this patient, the CaMTUS recommends against starting 3-7 medications simultaneously. Per the CaMTUS, any compounded product that contains at least one drug that is not recommended, is not recommended. Boswellia serrata resin and topical lidocaine other than Lidoderm are "not recommended" per the MTUS. Capsaicin alone in the standard formulation readily available OTC may be indicated for some patients. The indication in this case is unknown, as the patient has not failed adequate trials of other treatments. Capsaicin is also available OTC, and the reason for compounding the formula you have prescribed is not clear. The request does not include frequency, location of application, or dosing. Terocin is not medically necessary based on lack of specific medical indications, the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

Synapryn 10mg/1ml oral suspension 500ml: 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): Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation <http://www.bioportfolio.com/resources/drug/22213/Synapryn.html>.

Decision rationale: Synapryn is a compounded substance that includes Tramadol as a primary ingredient and typically glucosamine as a second ingredient. While tramadol is discussed in CA MTUS, this compounded formulation is not. ODG is also silent on this substance. Tramadol is a synthetic opioid that is typically prescribed for as needed dosing for pain control. The indications specific to Tramadol are not apparent in chart documentation. The dosing, frequency and effects are not stated. Opioid medication is not supported for use in chronic back pain. The other component, glucosamine, is recommended as an option for the treatment of moderate arthritic pain, mainly the knees. The IW does not have an active diagnosis of arthritis. The combination of these medications is not supported as one is intended for as needed breakthrough pain and carries substantial medical risks due to its potential accumulative effect. The other is for moderate pain caused by osteoarthritis and is used more liberally without the same toxicological profile. The request does not include dosing or frequency. The combination preparation is not supported and therefore, not medically necessary.

Tabradol 1mg/ml oral suspension 250ml: 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: Tabradol is cyclobenzaprine in an oral suspension. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. This patient has chronic pain with no evidence of prescribing for flare-ups, and the pain is in the extremity, not the low back. The MTUS states that treatment with cyclobenzaprine should be brief, and that the addition of cyclobenzaprine to other agents is not recommended. In this case, cyclobenzaprine is added to other agents, and the oral suspension form plus topical is experimental and unproven. The request does not include frequency or dosing. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: 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, GI symptoms & cardiovascular risk.

Decision rationale: Deprizine is the oral solution equivalent of ranitidine. According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include

any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. The request does not include frequency or dosing. Deprizine is not medically necessary based on the CaMTUS.

Dicopanol 5mg/ml oral suspension 150ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.drugs.com/pro/dicopanol.html>.

Decision rationale: According to the treating provider's documentation, Dicopanol is a combination of antihistamine and other proprietary ingredients. Unknown components of a medication cannot be evaluated to determine their safety or medical necessity. The request does not include frequency or dosing. As such, the request for Dicopanol is not medically necessary.