

Case Number:	CM15-0024775		
Date Assigned:	02/17/2015	Date of Injury:	11/25/2013
Decision Date:	05/01/2015	UR Denial Date:	01/26/2015
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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43-year-old male who reported an injury on 11/25/2013. The documentation indicated the injured worker had been utilizing Dicopanorl, Deprizine, Fanatrex, Synapryn, and Tabradol since 10/2014. Additionally, the injured worker was utilizing cyclobenzaprine cream and ketoprofen. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/23/2014. The documentation of 12/23/2014 revealed the injured worker had complaints of burning neck pain greater on the left side, burning left shoulder pain, burning left elbow pain, and burning left wrist pain. The injured worker indicated the medications offered temporary relief and improved his ability for a restful sleep. The injured worker denied problems with the medications. The physical examination revealed tenderness to palpation in the occiputs, trapezius, sternocleidomastoid, scalene, splenius, and levator scapula muscles. The injured worker had decreased range of motion of the cervical spine in flexion, extension, and bilateral rotation. The injured worker had a positive cervical distraction and compression test bilaterally. The injured worker had tenderness to palpation in the trapezius, supraspinatus, rhomboid, and levator scapula muscles. There was AC joint tenderness with arthrosis. There was tenderness to palpation of the subacromial space and the biceps tendon of the left shoulder. The injured worker had decreased range of motion of the left shoulder. The injured worker had a positive Neer's impingement test on the left. The injured worker had palpable tenderness over the left medial and lateral epicondyle. The injured worker had decreased range of motion. The injured worker had a positive Cozen's and Tinel's. The injured worker had tenderness to palpation in the triangular fibrocartilage complex and

tenderness at the carpal tunnel and first dorsal extensor muscle compartment. The injured worker had decreased range of motion of the left wrist. The Tinel's and Phalen's were positive on the left wrist. The injured worker had tenderness in the lumbar paraspinal muscles, quadratus lumborum, and over the lumbosacral junction with trigger point at the left PSIS and left sciatic notch tenderness and decreased range of motion. The injured worker had a positive tripod, flip test, and Lasègue's. The injured worker had decreased sensation. The diagnosis included lumbar radiculopathy, cervical radiculopathy, left wrist carpal tunnel syndrome, and left wrist TFCC tear. The treatment plan included continuation with a course of physical therapy for the cervical spine and lumbar spine, request an MRI of the cervical spine, left shoulder, left elbow, left wrist, and lumbar spine, and Terocin patches. Additionally, the medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, and ketoprofen topical cream. There was a Request for Authorization submitted for review dated 12/23/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines- Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Sulfate, Ongoing Management, Tramadol Page(s): 50, 78, 82, 93 & 94. Decision based on Non-MTUS Citation Synapryn online drug insert.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend tramadol for pain; however, do not recommend it as a first-line oral analgesic and they recommend Glucosamine Sulfate for patients with moderate arthritis pain especially, knee osteoarthritis and that only one medication should be given at a time. Synapryn per the online package insert included tramadol and glucosamine sulfate. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. As Tramadol is a form of an opiate, the California Medical Treatment Utilization Schedule chronic pain guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker had osteoarthritis. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of an objective improvement in function and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Synapryn 10mg/1ml 500ml not identified as is not medically necessary.

Tabradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines- Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Tabradol is a compounding kit for oral suspension of cyclobenzaprine and methylsulfonylmethane. A search of ACOEM, California Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines, along with the National Guideline Clearinghouse (NCG) and the PubMed database returned no discussion on Tabradol. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. There was a lack of evidence based literature for the oral compounding of cyclobenzaprine and methylsulfonylmethane over the commercially available oral forms and the lack of medical necessity requiring an oral suspension of these medications. The clinical documentation submitted for review failed to provide documentation the injured worker had an inability to swallow or tolerate a pill. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tabradol 1mg/ml 250ml not identified as is not medically necessary.

Deprizine 15mg/ml 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines- Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Deprizine>.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommends Histamine 2 blockers for treatment of dyspepsia secondary to NSAID therapy. The medication Deprizine includes ranitidine which is a Histamine 2 blocker and can be used for the treatment of dyspepsia. However, per Drugs.com, Deprizine: Generic Name: ranitidine hydrochloride has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to provide efficacy for the requested medication. There was a lack of documentation indicating the injured worker had an inability to swallow tablets or capsules. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Deprizine 15mg/ml 250ml not identified as is not medically necessary.

Dicopanol 5mg/ml 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines- 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 Chapter, Insomnia Treatments; <http://www.drugs.com/search.php?searchterm=Dicopanol>.

Decision rationale: The Official Disability Guidelines indicate that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine) and that tolerance seems to develop within a few days. Per Drugs.com, Dicopanol is diphenhydramine hydrochloride and it was noted this drug has not been found by the FDA to be safe and effective and the labeling was not approved by the FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to provide efficacy for the requested medication. There was a lack of documentation indicating the medication was unavailable in tablet or capsule form or that the injured worker had a condition that substantiated their inability to swallow or tolerate a pill. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Dicopanol 5mg/ml 150ml not identified as is not medically necessary.

Fanatrex 25mg/ml 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines- Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Fanatrex>.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that Gabapentin is used in the treatment of neuropathic pain. Per drugs.com, Fanatrex is an oral suspension of Gabapentin that has not approved by the FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to provide the injured worker could not take a capsule or tablet. There was a lack of documentation indicating the drug was unavailable in capsule or tablet form. The efficacy for the requested medication was not provided. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested mediation. Given the above, the request for Fanatrex 25mg/ml 420ml not identified as is not medically necessary.