

<b>Case Number:</b>	CM15-0040995		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	08/01/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, New York, 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 applicant is a represented 49-year-old [REDACTED] beneficiary who has filed a claim for neck pain reportedly associated with an industrial injury of August 1, 2014. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve requests for Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex and Terocin patches. Physical therapy and manipulative therapy were conditionally denied. A January 19, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 13, 2014, difficult to follow, not entirely legible, the applicant was asked to follow up with otolaryngologist, consult an orthopedist, and obtain medication refills for migraine headaches while remaining off of work, on total temporary disability. Large portions of the progress note were difficult to follow, handwritten, and not altogether legible. On December 22, 2014, the applicant apparently consulted a secondary treating provider, reporting ongoing complaints of neck pain, shoulder pain, and low back pain. Physical therapy, manipulative therapy, several dietary supplements, topical compounds, and oral suspensions were endorsed, along with platelet-rich plasma injections, extracorporeal shockwave therapy, and a psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Synapryn 10mg 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 Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation SYNAPRYN - DailyMed [dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid](http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid). SYNAPRYN (tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit).

**Decision rationale:** No, the request for Synapryn was not medically necessary, medically appropriate, or indicated here. 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 does acknowledge that glucosamine is indicated in the treatment of pain associated with arthritis and, in particular, with that associated with knee arthritis, in this case, however, there was no mention of the applicant's carrying either a diagnosis of arthritis or knee arthritis for which the glucosamine component of the amalgam would have been indicated. Since the glucosamine component of the amalgam was not indicated, the entire amalgam is not recommended. Therefore, the request was not medically necessary.

### **1 prescription of Tabradol 1mg 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 Treatment Guidelines Topical Analgesics Page(s): 113. Decision based on Non-MTUS Citation TABRADOL - DailyMed [dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid](http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid). TABRADOL (cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit).

**Decision rationale:** Similarly, the request for Tabradol was likewise not medically necessary, medically appropriate, or indicated here. Tabradol, per the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, muscle relaxants such as cyclobenzaprine are not recommended for compound formulation purposes, per page 113 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

### **1 prescription of Deprizine 15mg 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 Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for Deprizine (ranitidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine are indicated to combat issues with 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 the December 29, 2014 progress note in question. Therefore, the request was not medically necessary.

**1 prescription of Dicopanol 5mg 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 National Library of Medicine Treats severe allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medicine is an antihistamine. Brand names: Benadryl, Sominex, Diphenhist, Wal-Dryl, Banophen, Hydramine, Silphen, Dicopanol.

**Decision rationale:** Similarly, the request for Dicopanol (diphenhydramine) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While the National Library of Medicine (NLM) does acknowledge that diphenhydramine or Dicopanol is indicated in the treatment of allergic reactions, motion sickness, and/or Parkinson's disease, in this case, however, there was no mention of the applicant's having issues with motion sickness, Parkinsonism, allergies, etc., evident on or around the date in question, December 29, 2014. No rationale for selection of this particular agent was furnished. Therefore, the request was not medically necessary.

**1 prescription of Fanatrex 25mg 420ml: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Functional Restoration Approach to Chronic Pain Management Page(s): 49; 7.

**Decision rationale:** Similarly, the request for Fanatrex, a gabapentin-containing suspension, was likewise not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is a first-line treatment for neuropathic pain, 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 recommendations. Here, the attending provider did not state why he was furnishing the applicant with a custom compounded Fanatrex

suspension in lieu of inexpensive, generic gabapentin capsules. Therefore, the request was not medically necessary.

**1 prescription of Terocin patches: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - TEROGIN- methyl salicylate, capsaicin, menthol. [dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...](http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=85066887-44d0...) Oct 15, 2010 - FDA Guidances & Info; NLM SPL Resources. Label: TEROGIN- methyl salicylate, capsaicin, menthol and lidocaine hydrochloride lotion.

**Decision rationale:** Finally, the request for topical Terocin was likewise not medically necessary, medically appropriate, or indicated here. Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, lidocaine, menthol, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals prior to introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin patches in question. Therefore, the request was not medically necessary.