

<b>Case Number:</b>	CM15-0044065		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40 year old male patient, who sustained an industrial injury on October 29, 2012. The diagnoses include lumbar disc displacement, radiculopathy and pain and left hip sprain/strain. Per the progress note dated December 16, 2014 he had complains of severe back pain radiating into legs with weakness and numbness; left hip pain. Pain is rated 6-7/10. Physical examination revealed tenderness and decreased range of motion of the lumbar spine, tenderness over the left hip; decreased sensation and 4/5 strength in bilateral lower extremities. The patient was prescribed deprizine, dicopanol, terocin patches, fanatrex, synapryn, tabradol and topical compound cream. Per the note dated 12/30/2014, he had low back pain with radiation to the left leg. The medications list as per the note dated 12/30/14 includes tramadol, neurontin, flexeril and ketoprofen cream. He has had lumbar MRI on 1/21/2013, which revealed disc protrusion at L5-S1 with left S1 nerve root compression. He has had acupuncture, physical therapy, shockwave therapy and neurostimulation for this injury. Plan includes magnetic resonance imaging (MRI) and continued medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fanatrex 25 mg/ml Oral Suspension, Qty 420 ml, 5 ml (1 tsp) 3 times daily, retrospective (01/03/2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

**Decision rationale:** Request: Fanatrex 25 mg/ml Oral Suspension, Qty 420 ml, 5 ml (1 tsp) 3 times daily, retrospective (01/03/2015). Fanatrex contains gabapentin in oral suspension form. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." The rationale for prescribing the medication in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of Fanatrex 25 mg/ml Oral Suspension, Qty 420 ml, 5 ml (1 tsp) 3 times daily, retrospective (01/03/2015) is not medically necessary at this time.