

Case Number:	CM15-0045340		
Date Assigned:	03/17/2015	Date of Injury:	04/25/2013
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/10/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 34 year old male, who sustained an industrial injury, April 25, 2013. The injured worker previously received the following treatments Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, Cyclobenzaprine, Flurbiprofen, Capsaicin and Gabapentin. The injured worker was diagnosed with low back pain, lumbar disc displacement, radiculitis of the lower extremity and rule out left inguinal hernia. According to progress note of January 12, 2015, the injured workers chief complaint was sharp, stabbing, radicular lower back pain. The injured worker rated the pain at 6-7 out of 10; 0 being no pain and 10 being the worst pain. The pain was associated with radiating pain down the sacro-coccygeal region and to the bilateral lower extremities. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending and arising from a sitting position, ascending or descending stairs and stooping. The pain was aggravated by activities of daily living such as getting dressed and performing personal hygiene. The injured worker was also complaining of pain and pressure in the left inguinal testicle region. There was tenderness to palpation at the paralumbar quadratus lumborum muscles and over the lumbosacral junction. There was noted decrease range of motion of the lumbar spine. The treatment plan included Synapryn, Tabradol, Deprizine, Dicopanol and Fanatrex, on January 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml oral suspension 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 (ODG), Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 34 year old male has complained of low back pain since date of injury 4/15/03. He has been treated with physical therapy and medications to include opioids since at least 05/2014. The current request is for Synapryn. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Additionally, there is no documented provider rationale regarding the necessity of use of a compounded medication. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Synapryn is not indicated as medically necessary.

Tabradol 1mg/ml oral suspension 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 (ODG), Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine 41-42.

Decision rationale: This 34 year old male has complained of low back pain since date of injury 4/15/03. He has been treated with physical therapy and medications to include cyclobenzaprine since at least 05/2014. The current request is for Tabradol, an oral suspension of cyclobenzaprine. Per the MTUS guidelines cited above, treatment with cyclobenzaprine should be reserved as a second line agent and should be used for a short course (2 weeks) only, and the addition of cyclobenzaprine to other agents is not recommended. On the basis of the cited MTUS guidelines, Tabradol is not indicated as medically necessary in this patient.

Deprizine 15mg/ml oral suspension 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 (ODG), Compound drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/deprizine.

Decision rationale: This 34 year old male has complained of low back pain since date of injury 4/15/03. He has been treated with physical therapy and medications to include Deprizine since at least 05/2014. Per the reference cited above under Other Medical Treatment Guideline, Deprizine is an oral suspension of ranitidine and used to treat symptoms of heartburn and gastroesophageal reflux related disease. There is no documentation in the available medical records of gastroesophageal symptomatology nor is there a medical rationale regarding the necessity of delivery of the medication in an oral suspension. On the basis of the above cited medical treatment guideline and the available provider documentation, Deprizine is not indicated as medically necessary.

Dicopanol (diphenhydramine) 5mg/ml oral suspension 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 (ODG), Compound drugs.

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

Decision rationale: This 34 year old male has complained of low back pain since date of injury 4/15/03. He has been treated with physical therapy and medications to include Dicopanol since at least 05/2014. Per the reference cited above under Other Medical Treatment Guideline, Dicopanol is an antihistamine suspension (diphenhydramine) used to treat allergic rhinitis and motion sickness and may also be used to induce sleep. There is no specific indication or recommendation per evidenced based guidelines for use of this medication in chronic musculoskeletal pain. There are no diagnoses listed in the available medical records, which support the use of this medication and no documentation regarding the specific need for a suspension formulation. On the basis of current evidenced based medical guidelines and the available documentation, Dicopanol is not indicated as medically necessary in this patient

Fanalrex (gabapentin) 25mg/ml oral suspension 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 (ODG), Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49.

Decision rationale: This 34 year old male has complained of low back pain since date of injury 4/15/03. He has been treated with physical therapy and medications to include Fanalrex since at least 05/2014. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic

neuropathy. There is no documentation in the available medical records, which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.