

Case Number:	CM15-0047179		
Date Assigned:	04/24/2015	Date of Injury:	04/25/2011
Decision Date:	07/29/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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

Certification(s)/Specialty: Internal 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 31 year old female, who sustained an industrial injury on 04/25/2011. She has reported subsequent neck and back pain and was diagnosed with cervical and thoracic sprain/strain, cervical disc displacement, cervical spine degenerative disc disease, cervical and lumbar radiculopathy and thoracic and lumbar herniated nucleus pulposus. Treatment to date has included oral pain medication, acupuncture and chiropractic physiotherapy. In a progress note dated 01/08/2015, the injured worker complained of neck pain and muscle spasms. Objective findings were notable for tenderness to palpation of the cervical spine, reduced range of motion of the cervical spine, tenderness to palpation of the thoracic and lumbar spine and reduced range of motion of the thoracic and lumbar spine. A request for authorization of Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, 18 chiropractic therapy sessions of the lumbar spine and 18 aquatic pool therapy session of the lumbar spine was made.

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/1ml oral suspension 550ml: 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 Not addressed. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

Decision rationale: Synapryn is a compounding kit for oral suspension of Tramadol and Glucosamine. Established guidelines show no evidence-based support for the use of oral suspension or compounded form of these medications and documentation fails to show that the injured worker has a condition that would require an oral suspension of medications already available in pill form. The request for 1 prescription of Synapryn 10mg/1ml oral suspension 550ml is not medically necessary.

1 prescription of 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 Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.drugs.com>.

Decision rationale: Tabradol is a compounding kit for oral suspension of Cyclobenzaprine and Methylsulfonylmethane. Established guidelines show no evidence-based support for the use of oral suspension or compounded form of these medications and documentation fails to show that the injured worker has a condition that would require an oral suspension of medications already available in pill form. The request for 1 prescription of Tabradol 1mg/ml oral suspension 250ml is not medically necessary.

1 prescription of 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 Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/deprizine.html>.

Decision rationale: Deprizine is a compounding kit for oral suspension of Ranitidine. Documentation fails to provide support that the injured worker has a condition that would require an oral suspension of this medication and established guidelines do not support the use of Deprizine. The request for 1 prescription of Deprizine 15mg /ml oral suspension 250ml is not medically necessary.

1 prescription of Dicopanol (Diphenhydramine) 5mg/ml oral suspension: 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 Not addressed. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

Decision rationale: Dicopanor is a compounded version of Diphenhydramine. Documentation fails to provide support that the injured worker has a condition that would require a compounded form when the medication is available in pill form. Established guidelines do not recommend Dicopanor. The request for 1 prescription of Dicopanor (Diphenhydramine) 5mg/ml oral suspension is not medically necessary.

1 prescription of Fanatrex (Gabapentin) 25 mg/ml oral suspension 420ml: 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 Not addressed. Decision based on Non-MTUS Citation <http://www.drugs.com>.

Decision rationale: Fanatrex is a compounding kit for oral suspension of Gabapentin. Established guidelines show no evidence-based support for the use of oral suspension of Gabapentin and documentation fails to show that the injured worker has a condition that would require a compounded form when the medication is available in pill form. The request for 1 prescription of Fanatrex (Gabapentin) 25 mg/ml oral suspension 420ml is not medically necessary.

18 Chiropractic therapy sessions to the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: MTUS recommends a trial of 6 Chiropractic visits over 2 weeks for initial treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. Per MTUS, elective/maintenance care is not medically necessary. Documentation reveals that the injured worker complains of ongoing low back pain with no significant improvement in pain or function with multiple treatment modalities to date. Documentation fails to address any prior chiropractic care. The injured worker may benefit from Chiropractic treatment in light of persistent symptoms. The request for 18 Chiropractic therapy sessions to the lumbar spine is medically necessary.

18 Aquatic Pool Therapy sessions to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Exercise Page(s): 22, pg 46.

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program is recommended at the start of any treatment or rehabilitation program, unless exercise is contraindicated. MTUS recommends aquatic therapy (including swimming) as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity, being that it can minimize the effects of gravity. Per guidelines, the treatment should be monitored and administered by medical professionals. The injured worker complains of ongoing neck and back pain and may benefit from physical therapy. Documentation however fails to demonstrate a clinical need for reduced weight bearing to establish the medical necessity for an optional form of exercise therapy. The request for 18 Aquatic Pool Therapy sessions to the lumbar spine is not medically necessary by MTUS.