

<b>Case Number:</b>	CM14-0115386		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 28 year old male with a date of injury on 11/26/2013. The injured worker was injured while performing his usual and customary duties as an operator for [REDACTED]. An evaluation performed on December 2, 2013 noted the injured worker's complaints of low back pain rated 9/10 for six days. The injured worker ambulates with a normal gait and is full-weight bearing on both lower extremities. A lumbar spine examination was significant for spasms of the paravertebral musculature and restricted ranges of motion, which showed: extension at 20/30 degrees, left lateral flexion at 30/45 degrees, right lateral flexion at 30/45 degrees, left lateral rotation at 25/30 degrees, and right lateral flexion at 25/30 degrees. Bilateral patellar and Achilles deep tendon reflexes are 2/4. A lumbar spine x-ray was performed on the same date which revealed standard decreased ranges of motion due to protective spasm. On May 25, 2014, the injured worker was prescribed Deprizine 5 mg/ml oral suspension 250 ml, Fanatrex 25 mg/ oral suspension 420 ml, Synapryn 10 mg/ml oral suspension 500 ml, Tabradol 1 mg/ oral suspension 250 ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for medications Keto/Cyclo topical, Synapryn, Tabradol, Deprizine, Dicopanol, Fanatex oral (duration unknown and frequency unknown) dispensed on 5/25/14 for treatment of lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Opioids, specific drug list, Topical analgesics Page(s).

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines indicate that topical analgesics are largely experimental. When one ingredient in a compound carries an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. Further, they are only recommended when trials of anti-depressants and anti-convulsants have failed. There was no evidence in the medical records submitted that would suggest intolerance to and/or failure of multiple classes of oral agents and/or oral adjuvant medications so as to make a case for usage of topical/suspension agents and/or topical compounds which, per American College of Occupational Environmental Medicine (ACOEM) Guidelines, are "not recommended." Therefore, it can be concluded that the medical necessity of the Keto/Cyclo topical, Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex oral (duration unknown and frequency unknown) dispensed on 5/25/14 for treatment of lumbar are not medically necessary.