

Case Number:	CM14-0133927		
Date Assigned:	08/25/2014	Date of Injury:	11/15/2012
Decision Date:	09/22/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational 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:

This patient is a 51 year old female who has developed chronic spinal, left shoulder and left wrist pain secondary to a slip and fall on 11/15/12. Her pain levels are listed at visual analog scale (VAS) 7/10 at all areas of injury. MRI studies of the cervical and lumbar spine reveal wide spread spondylosis and degenerative disc disease. She has diffuse weakness and diminished range of motion (ROM) of the involved areas. She has no documented special medical needs or gastrointestinal disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10 mg/1 ml: 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 (ODG) Pain, Compounded Medications, Glucosamine.

Decision rationale: MTUS Guidelines do not address the use of Synapryn (Tramadol and Glucosamine) or compounded oral medications. ODG Guidelines do directly address the use of compounded medications and they are not recommended unless there is failure FDA approved medications and there is a specific demonstrated medical need for compounded blend. These

conditions are not met. Tramadol is readily available as an FDA approved medication and Glucosamine is not recommended for spinal or upper extremity pain. The Synapryn is not medically necessary.

Tabradol 1 mg/ml: 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 Muscle Relaxants Page(s): 63,64. Decision based on Non-MTUS Citation (ODG) Pain, Compounded Medications.

Decision rationale: Tabradol is a compounded mix consisting of Cyclobenzaprine a muscle relaxant. MTUS Guidelines do not recommend the use of this muscle relaxant on a chronic basis. In addition there is no reason for the patient to be subjected to a compounded form of this medication. The Tabradol is not medically necessary.

Deprizine 15 mg/ml: 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 and GI risk Page(s): 68. Decision based on Non-MTUS Citation (ODG) Pain, Compounded Medications.

Decision rationale: Deprizine is a compounded mix of Ranitidine (Zantac) which is a common over the counter medication. MTUS Guidelines do not recommend use of this class of drugs (proton pump inhibitor) unless there are specific gastrointestinal (GI) risk factors. None are documented. In addition, ODG Guidelines do not support compounded medications that contain over the counter medications. The Deprizine is not medically necessary.

Fanatrex (gabapentin) 25 mg/ml: 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 (ODG) Pain, Compounded Medications.

Decision rationale: Fanatrex is a compounded mix of Gabapentin. MTUS Guidelines do not directly address compounded medications. ODG Guidelines do directly address this issue and the Guidelines do not recommend the use of compounded medications when there are FDA approved medications that have failed and there is a defined medical need for the compounded

version. Neither of these conditions has been met. The compounded Fanatrex is not medically necessary.

Dicopanol 5 mg/ml: 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 (ODG) Pain, Compounded Medications.

Decision rationale: Dicopanol is a compounded blend of Diphenhydramine (Benadryl) which is a common over the counter medication. MTUS Guidelines do not directly address the use of compounded medications. ODG Guidelines do directly address this issue and they are not recommended when the main ingredient is an over the counter product. The Dicopanol is not medically necessary.

Unknown amount of physical therapy for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: MTUS Guidelines recommend from up to 8-10 sessions of physical therapy for chronic conditions that are causing chronic myofascial pain. The open ended request is not consistent with Guideline recommendations. The request for unspecified amounts of physical therapy for the left shoulder is not medically necessary.