MAXIMUS Federal Services

Case Number:	CM14-0142830		
Date Assigned:	09/10/2014	Date of Injury:	09/15/2010
Decision Date:	10/29/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, 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 patient is a 30 year old female 09/15/2010. The mechanism of injury is unknown. Prior treatment history has included acupuncture therapy and shockwave therapy. Prior medication history as of 06/27/2014 included Deprizine, Synapryn, Fanatrex, Trabradol, and Dicopanol.Toxicology reported dated 07/25/2014 revealed negative test results.Progress report dated 07/25/2014 documented the patient to have complaints of right shoulder pain radiating down the arm to the fingers with associated muscle spasms. She rated her pain as 8/10. The pain became aggravated with activity. The patient was status post carpal tunnel release of the right wrist and continued to have pain at the right wrist and thumb. She rated her right wrist pain as an 8/10. She reported her medications offer her temporary relief of pain and improve her ability to have restful sleep. On exam, the right shoulder revealed tenderness to palpation at the supraspinatus insertion site and at the levator scapula. There is also tenderness to palpation at the rhomboids and at the AC joint. Right shoulder range of motion revealed flexion to 105; abduction 110 degrees; external rotation to 45; and internal rotation to 30. Her right wrist revealed flexion to 45; extension to 40; radial deviation to 10 and ulnar deviation to 15. The patient is diagnosed with right shoulder joint derangement; and status post right carpal tunnel release with residual pain. The patient was recommended and prescribed Synapryn for neuropathic pain, Trabradol, Terocin patches, Fanatrex, and Deprizine.Prior utilization review dated 08/21/2014 states the requests for Synapryn 10mg/1mL oral suspension, 500mL; Trabradol 1mg/mL oral suspension, 250mL; Deprizine 15mg/mL oral suspension, 250mL; Fanatrex (gabapentin) 25mg/mL oral suspension, 420mL; Unknown Terocin patches; and Periodic UA toxicological evaluation are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/1mL oral suspension, 500mL: 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 opioids Page(s): 74-97. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416

Decision rationale: As per MTUS and ODG guideline evidence to support this medication. Progress report dated 07/25/2014 indicated the patient to have complaints of right shoulder pain and there is no documentation indicating the patient is unable to safely swallow tablets/capsules. Therefore the request for Synapryn 10mg/1mL oral suspension, 500mL is denied as the medical necessity has not been established.

Trabradol 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 cyclobenzaprine. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://whatsthedose.com/spl/43093-101.html

Decision rationale: As per MTUS and ODG guideline Progress report dated 07/25/2014 indicated the patient to have complaints of right shoulder pain and there is no documentation indicating the patient is unable to safely swallow tablets/capsules. Therefore the request for trabradol 1mg/ml oral suspension, 250ml is denied as the medical necessity has not been established.

Deprizine 15mg/mL oral suspension, 250mL: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/pro/deprizine.html

Decision rationale: MTUS and ODG guideline, Ranitidine is used to treat and prevent ulcers in the stomach and intestines. It also treats conditions in which the stomach produces too much acid, such as Zollinger-Ellison syndrome. Ranitidine also treats gastroesophageal reflux disease (GERD) and other conditions in which acid backs up from the stomach into the

esophagus, causing heartburn.Progress report dated 07/25/2014 indicated the patient to have complaints of right shoulder pain and difficulty in sleeping. There is no documentation indicating that the patient is unable to safely swallow tablets/capsules; therefore the request for deprizine 15mg/ml oral suspension is denied as the medical necessity has not been established.

Dicopanol (diphenhydramine) 5mg/mL oral suspension, 150mL: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/pro/dicopanol.html

Decision rationale: MTUS And ODG guideline is silent and failed to reveal any guidelines or scientific evidence to support this medication. Progress report dated 07/25/2014 indicated the patient to have complaints of right shoulder pain and difficulty in sleeping and there is no documentation indicating that the patient is unable to safely swallow tablets/capsules; therefore the request for dicopanol (diphenhydramine) 5mg/ml oral suspension, 150ml is denied as the medical necessity has not been established.

Fanatrex (gabapentin) 25mg/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 Specific Anti-Epilepsy Drugs Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/pro/fanatrex.html

Decision rationale: As per MTUS gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as first-line treatment for neuropathic pain. Progress report dated 07/25/2014 indicated the patient to have complaints of right shoulder pain and difficulty in sleeping and there is no documentation indicating that the patient is unable to safely swallow tablets/capsules; therefore the request for fanatrex (gabapentin) 25mg/ml oral suspension, 420ml is denied as the medical necessity has not been established.

Unknown Terocine patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Terocine, Lidocaine, topical, Capsaicin, topical, Salicylate topic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: As per MTUS Topical analgesic any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin contains of capsaicin, lidocaine, menthol and methylsalicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidoderm patch is the only FDA approved lidocaine for topical use. Progress report dated 07/25/2014 indicated the patient to have complaints of right shoulder pain and difficulty in sleeping. Therefore the request for unknown terocin patches is denied as the medical necessity has not been established.

Periodic UA toxicological evaluation: 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 Urine drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine drug testing.

Decision rationale: As per MTUS frequent random urine toxicology screening are given to avoid the misuse of opioids. It does not appear as though periodic urine toxicology evaluations are medically indicated. The guidelines suggest random urinalysis to monitor opioids use. However, the patient does not appear to be on any opioids. Therefore the request for periodic Urine analysis toxicological evaluation is denied as medical necessity has not been established.