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| <b>Case Number:</b>   | CM14-0098156 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 07/10/2013 |
| <b>Decision Date:</b> | 05/26/2015   | <b>UR Denial Date:</b>       | 06/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2014 |

### 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. 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 47 year old female, who sustained a work related injury on 7/10/14. She fell and injured her right leg, knee, ankle and foot while stripping and waxing floors. The diagnoses have included internal derangement of right knee and pain in joints of right ankle and foot. Treatments to date have included MRI of right knee dated 2/19/14, medications and chiropractic treatments. In the Special Comprehensive Orthopedic Consultation Report for Established Patient dated 4/21/14, the injured worker complains of constant, mild to moderate, pulsating, burning right knee pain. She rates the pain a 2/10. She has numbness, tingling and pain radiating to the foot. Activity makes the pain worse. She complains of numbness, aching occasional right ankle and foot pain. She rates this pain a 2-3/10. The pain is made worse with activity. She states the pain medication does give her some temporary pain relief. She has mild tenderness to palpation of the right knee joint. She has tenderness to palpation of right ankle and foot. Treatment plan is to continue current treatment with another physician. This physician prescribed the medication listed on the Independent Medication Review application. There is no indication given on why these medications needed to be in suspension form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oral Suspension: Synapryn 10mg/ml, (qty unknown): 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 Synapryn 10mg/ml, (qty unknown) is not medically necessary.

**Oral Suspension: Tabradol 1mg/ml, qty 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 Tabradol 1mg/ml, qty 250ml is not medically necessary.

**Oral Suspension: Deprizine (ranitidine) 15mg/ml, qty 250 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 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 Deprizine (ranitidine) 15mg/ml, qty 250 ml is not medically necessary.

**Oral Suspension: Dicopanол (diphenhydramine) 5mg/ml, qty 150ml: 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:** Dicopanol 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 Dicopanol. The request for Dicopanol (diphenhydramine) 5mg/ml, qty 150ml is not medically necessary.

**Oral Suspension: Fanatrex (gabapentin) 25mg/ml, 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 Fanatrex (gabapentin) 25mg/ml, 420ml is not medically necessary.