

Case Number:	CM15-0010049		
Date Assigned:	01/30/2015	Date of Injury:	05/10/2005
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/19/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female who reported injury on 05/10/2005. Diagnoses included pain in joint involving forearm, right thumb de Quervain's tenosynovitis, bilateral carpal tunnel syndrome and radial styloid tenosynovitis. The mechanism of injury was repetitive work activities. The injured worker underwent a urine toxicology screen on 09/29/2014 which was negative for all medications tested. There was a request for authorization submitted for review dated 11/05/2014. The physical examination and office visit of 11/05/2014 revealed the injured worker was status post carpal tunnel release surgery with residual pain on the bilateral wrists, reflecting on the thumbs. The injured worker complained of weakness, numbness and tingling of the hands and fingers. The pain was noted to be an 8/10. The injured worker indicated she stopped using the cream and she developed a rash on the tip of her fingers of her left hand. The injured worker indicated the medications are for temporary pain relief and improved the injured worker's ability to restful sleep. The injured worker denied new problems with medications. The physical examination revealed tenderness to palpation at the de Quervain's and at the intersection. There was also tenderness to palpation at the first dorsal muscle compartment bilaterally. Range of motion of the thumb revealed palmar adduction, the injured worker lacked 2 inches to the base of the fifth metacarpal. The injured worker had decreased range of motion of the wrist bilaterally. The injured worker had a positive Finkelstein's, Tinel's and flick test bilaterally. Sensation to pinprick and light touch was diminished over the C5-T1 dermatomes in the bilateral upper extremities. Motor strength was 4/5 in all the represented muscle groups in the bilateral upper extremities. The diagnoses

included right thumb de Quervain's tenosynovitis, status post bilateral carpal tunnel release with residual pain. The treatment plan include Terocin pain patches, a referral to an orthopedic surgeon for consultation regarding the bilateral wrists, bilateral wrist splints, acupuncture 3 times per week for 6 weeks, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and an interpreter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic manipulation 3x6 bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment is not recommended for the ankle & foot, carpal tunnel syndrome, the forearm, wrist, & hand or the knee. There was a lack of documented rationale for nonadherence to guideline recommendations. Given the above, and the lack of documentation, the request for Chiropractic manipulation 3x6 bilateral wrists/hands is not medically necessary.

Deprizine 15mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Deprizine>

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommends Histamine 2 blockers for treatment of dyspepsia secondary to NSAID therapy. The medication Deprizine includes ranitidine which is a Histamine 2 blocker and can be used for the treatment of dyspepsia. However, per Drugs.com, Deprizine: Generic Name: ranitidine hydrochloride has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documented efficacy. There was a lack of documentation indicating the drug was unavailable in tablet or capsule form and the injured worker could not swallow or tolerate a pill. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Deprizine 15mg/ml 250ml is not medically necessary.

Dicopanol 5mg/ml 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia, Compound drugs

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments, does not specifically address Dicopanol Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Dicopanol>

Decision rationale: The Official Disability Guidelines indicate that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine) and that tolerance seems to develop within a few days. Per Drugs.com, Dicopanol is diphenhydramine hydrochloride and it was noted this drug has not been found by the FDA to be safe and effective and the labeling was not approved by the FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review indicated the injured worker had more restful sleep with the medication. However, the objective functional benefit was not documented. There was a lack of documentation of exceptional factors as the medication has not been approved by the FDA. There is a lack of documentation indicating the injured worker had an inability to swallow or tolerate a pill. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Dicopanol 5mg/ml 150ml is not medically necessary.

Fanatrex 25mg/ml 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Fanatrex>

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that Gabapentin is used in the treatment of neuropathic pain. Per drugs.com, Fanatrex is an oral suspension of Gabapentin that has not approved by the FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to indicate the injured worker had an inability to swallow or tolerate a pill. There was a lack of documentation of exceptional factors and the medication is not FDA approved in this format. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Fanatrex 25mg/ml 420ml is not medically necessary.

Physical therapy 3x6 bilateral wrists/hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatments for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker was status post bilateral carpal tunnel release. However, the date of surgery was not provided to establish the duration of symptoms. As the injured worker was status post carpal tunnel release, the injured worker would have undergone physical therapy. There is a lack of documentation of objective functional benefit received from the prior therapy. There was a lack of documentation of objective functional deficits to support the necessity for continued therapy. The request as submitted would be excessive. Given the above with lack of documentation, the request for Physical therapy 3x6 bilateral wrists/hands is not medically necessary.

Synapryn 10mg/1ml 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Sulfate; Ongoing Management; Tramadol Page(s): 50; 78; 82, 93, & 94. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Synapryn online drug insert

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend tramadol for pain; however, do not recommend it as a first-line oral analgesic and they recommend Glucosamine Sulfate for patients with moderate arthritis pain especially, knee osteoarthritis and that only one medication should be given at a time. Synapryn per the online package insert included tramadol and glucosamine sulfate. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. As Tramadol is a form of an opiate, the California Medical Treatment Utilization Schedule chronic pain guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker could not swallow a tablet or tolerate a pill. Additionally, there was a lack of documentation of objective functional benefit and objective decrease in pain and there was evidence the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency

for the requested medication. Given the above, the request for Synapryn 10mg/1ml 500ml is not medically necessary.

Tabradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Cyclobenzaprine Page(s): 41.

Decision rationale: Tabradol is a compounding kit for oral suspension of cyclobenzaprine and methylsulfonylmethane. A search of ACOEM, California Medical Treatment Utilization Schedule guidelines and Official Disability Guidelines, along with the National Guideline Clearinghouse (NCG) and the PubMed database returned no discussion on Tabradol. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. There was a lack of evidence based literature for the oral compounding of cyclobenzaprine and methylsulfonylmethane over the commercially available oral forms and the lack of medical necessity requiring an oral suspension of these medications. The clinical documentation submitted for review failed to provide the injured worker could not utilize an oral form of the medication. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tabradol 1mg/ml 250ml is not medically necessary.