

Case Number:	CM15-0011591		
Date Assigned:	02/25/2015	Date of Injury:	04/25/2011
Decision Date:	05/29/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: 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 30-year-old female, who sustained an industrial injury on April 25, 2011. The diagnoses have included cervical spine sprain/strain, cervical displacement HNP, cervical spine radiculopathy, thoracic spine pain, thoracic spine sprain/strain, thoracic spine HNP, low back pain, lumbar spine HNP, compression fracture of L2 and lumbar radiculopathy. Treatment to date has included oral pain medications and acupuncture. Currently, the injured worker complains of neck pain, mid back pain and low back pain. In a progress note dated December 1, 2014, the treating provider reports examination of the cervical spine, thoracic spine, and lumbar spine revealed abnormal findings. On December 22, 2014 Utilization Review non-certified a Synapryn 10mg/1ml oral suspension 500ml, Tabradol 1mg/ml oral suspension 250ml, Deprizine 15mg/ml oral suspension 250ml, Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml, Fanatex (gabapentin) 25mg/ml oral suspension 420ml, Terocin patches, urinalysis toxicological evaluation and menthol, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine, Official Disability Guidelines, National Guideline Clearinghouse and PubMed was cited.

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 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) The National Guideline Clearinghouse (NGC).

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/1ml oral suspension 500mg is not medically necessary.

Tabradol 1mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Guidelines Clearinghouse (NGC).

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 oral suspension 250ml is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Guidelines Clearinghouse (NGC).

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 15mg/ml oral suspension 250ml is not medically necessary.

Dicopanol (diphenhydramine)5mg/ml oral suspension 150ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Guidelines Clearinghouse (NGC).

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 oral suspension 150ml is not medically necessary.

Fanatrex (gabapentin) 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Guideline Clearinghouse (NGC).

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 oral suspension 420ml is not medically necessary.

Terocine patches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Guidelines Clearinghouse (NGC).

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS provides no evidence recommending the use of topical Menthol. Further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Per guidelines, any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocine patches is not medically necessary.

One urinalysis toxicology 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 Opioids, differentiation: dependence & addiction Page(s): 85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Documentation fails to show that the injured worker is being treated with opioids or at high risk of addiction/aberrant behavior. Given that the injured worker was not prescribed opioids at the time of the requested service under review, the medical necessity for urine toxicology screen has not been established. The request for one urinalysis toxicology evaluation is not medically necessary.

menthol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) National Guidelines Clearinghouse (NGC).

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS provides no evidence recommending the use of topical Menthol. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for menthol is not medically necessary.