

<b>Case Number:</b>	CM15-0018173		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Illinois

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old male who sustained an industrial injury on 10/20/2010. Current diagnoses include cervical radiculopathy, shoulder tendonitis, lumbar radiculopathy, and left knee internal derangement. Treatment has included oral medications. Physician notes from an orthopedic consultation on a PR-2 dated 11/20/2014 show complaints of pain and burning to the neck, right shoulder, right elbow, right wrist, low back, and left knee. Range of motion is noted to be decreased to each of these areas. Recommendations include continuing the current medication regimen, physical therapy, acupuncture, chiropractic therapy, shockwave therapy, and terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Capsaicin 0.025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 111-113.

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

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. A compounded cream containing flurbiprofen would not be supported. Gabapentin is not recommended for topical use. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Compound Cyclobenzaprine 2% Flurbiprofen 25% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 111-113.

**Decision rationale:** The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. A compounded cream containing flurbiprofen would not be supported. Muscle relaxants are also not recommended for topical use. There is no frequency listed in the request. Given the above, the request is not medically necessary.

**Dicopanol 5mg/ml oral suspension #150ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/diphenhydramine.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the clinical notes submitted, there is no indication of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no indication that this injured worker cannot safely swallow pills or capsules. The medical necessity has not been established. As such, the request is not medically necessary.

**Deprezine 5mg/ml oral suspension #250ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/deprezine.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

**Fanatrex 25mg/ml oral suspension #420ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and post-herpetic neuralgia. It is also considered first line treatment for neuropathic pain. The medical necessity for gabapentin with other proprietary ingredients has not been established. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

**Synapryn 10mg/ml oral suspension #500ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugsdb.eu/drug.php?d=Synapryn&m=Fusion%20Pharmaceuticals%20Llc&id=7bde51a-e381-4d83-ba8e-a7562ced650f.xml>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there was no evidence of a failure of non-opioid analgesics. There was no documentation of a written consent or agreement for the chronic use of an opioid. Recent urine toxicology reports were not provided. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

**Tabradol 1mg/ml oral suspension #250ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22434>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, there was no objective evidence of palpable muscle spasm or spasticity upon examination. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.