MAXIMUS Federal Services

Case Number:	CM15-0111190		
Date Assigned:	06/17/2015	Date of Injury:	12/06/2011
Decision Date:	09/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 was a 66 year old male, who sustained an industrial injury, December 6, 2011. The injured worker previously received the following treatments Synapryn, Tabradol, Dicopanol and Fanatrex oral suspensions, Ketoprofen topical cream and Cyclobenzaprine topical cream. The injured worker was diagnosed with bilateral shoulder rotator cuff tears, low back pain, other disc displacement lumbar region and lumbar degenerative disc disease. According to progress note of April 20, 2015 the injured workers chief complaint was bilateral shoulder pain radiating down the arms to the fingers, with associated with muscle spasms. The injured worker rated the pain at 7 out of 10. The pain was described as constant, moderate to severe. The pain was aggravated by gripping, grasping, reaching, lifting and doing work at or above the shoulder level. The injured worker was also having burning low back pain with radiation of pain into the hips. The injured worker rated the pain at 7 out of 10. The pain was aggravated by prolonged positioning including sitting, standing, walking, bending and arising from a sitting position, ascending or descending stairs and stooping. The pain was also aggravated by activities of daily living such as getting dressed and performing personal hygiene. The injured worker reported the medications only gave temporary relief from the pain. There was decreased range of motion to the bilateral shoulder and lumbar spine. The motor strength of the upper extremities was 4 out of 5. The examination of the lumbar spine noted the injure worker was unable to heel-toe walk. There was decreased range of motion in all plans. There was decreased sensation to pin prick and light touch at the L4, L5 and S1 dermatomes. The treatment plan included prescriptions for Synapryn, Tabradol, Dicopanol and Fanatrex oral suspensions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml 500 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 Opioids Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend the use of non standard formulations of medications without documentation of non efficacy of the general formulations of the approved medications. There is no documented evidence that compounding medications with special non active ingredients confers improve efficacy, tolerance or extra beneficial effects. The Synapryn product contains tramadol and glucosamine in liquid formulation. The records did not show that the patient failed treatment with tablet formulations of tramadol. The request for the use of Synapryn 10mg/ml 500ml is not medically necessary.

Tabradol 1 mg/ml 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 muscle relaxants Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend the use of non standard formulations of medications without documentation of non efficacy of the general formulations of the approved medications. There is no documented evidence that compounding medications with special non active ingredients confers improve efficacy, tolerance or extra beneficial effects. The Tabradol product contains cyclobenzaprine with inactive ingredients in liquid formulation. The records did not show that the patient failed treatment with tablet formulations of cyclobenzaprine. The request for the use of Tabradol 1mg/ml 250ml is not medically necessary.

Deprizine 15 mg/ml 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 Antihistamines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-histamines.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend the use of non standard formulations of medications without documentation of non efficacy of the general formulations of the approved medications. There is no documented evidence that compounding medications with special non active ingredients confers improve efficacy, tolerance or extra beneficial effects. The Deprizine product contains ranitidine and inactive ingredients in liquid formulation. The records did not show that the patient failed treatment with tablet formulations of antihistamines. There is no documentation of indications for the utilization of Deprizine. The request for the use of Deprizine 15mg/ml 250ml is not medically necessary.

Dicopanol 5 mg/ml 150 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 Anti-histamines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-histamines.

Decision rationale: The CA MTUS did not address the chronic use of antihistamine. The ODG guidelines did not recommend the use of non standard formulations of medications without documentation of non efficacy of the general formulations of the approved medications. There is no documented evidence that compounding medications with special non active ingredients confers improve efficacy, tolerance or extra beneficial effects. The Dicopanol product contains diphenhydramine with inactive ingredients in liquid formulation. There is lack of guidelines support for the chronic use of antihistamines in the treatment of chronic musculoskeletal pain. The request for the use of Dicopanol 5mg/ml 150ml is not medically necessary.

Fanatrex 25 mg/ml 420 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 Anti-convulsants Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-convulsants.

Decision rationale: The CA MTUS and the ODG guidelines did not recommend the use of non standard formulations of medications without documentation of non efficacy of the general formulations of the approved medications. There is no documented evidence that compounding medications with special non active ingredients confers improve efficacy, tolerance or extra beneficial effects. The Fanatrex product contains gabapentin and inactive ingredients in liquid

formulation. The records did not show that the patient failed treatment with tablet formulations of gabapentin. The request for the use of Fanatrex 25mg/ml in 420ml is not medically necessary.