

<b>Case Number:</b>	CM15-0116822		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 7, 2013. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve requests for several oral suspensions and compounded medications. The claims administrator referenced a May 12, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On June 16, 2015, the applicant reported multifocal complaints of neck and shoulder pain status post earlier left shoulder surgery. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitations in place. No seeming discussion of medication selection or medication efficacy transpired. The applicant's complete medication list was not discussed or detailed. The applicant had undergone earlier shoulder surgery on June 9, 2014, it was stated on an operative report of that date. On May 21, 2015, the applicant reported multifocal complaints of neck and shoulder pain. The applicant was asked to pursue physical therapy, manipulative therapy, and acupuncture. A hot and cold unit was endorsed. The claimant was asked to continue using a variety of topical compounded medications and/or oral suspensions, including Tabradol, Deprizine, Dicopanol, Fanatrex, and Synapryn.

### 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) 500ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, Opioids for chronic pain in general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation SYNAPRYN-

DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...SYNAPRYN? (tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit).

**Decision rationale:** No, the request for Synapryn was not medically necessary, medically appropriate, or indicated here. Synapryn, per the National Library of Medicine, is an amalgam of tramadol and glucosamine. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended as an option, given its low risk, in the treatment of knee arthritis, here, however, the May 21, 2015 progress note made no mention of the applicant is having any knee pain complaints or pain associated with knee arthritis. The applicant's pain complaints were seemingly confined to the neck or shoulder, it was suggested on that date. Since the glucosamine component of the amalgam was not indicated, the entire amalgam was not indicated. Therefore, the request was not medically necessary.

**Tabradol 1mg/ml (oral suspension) 250ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation TABRADOL- DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...TABRADOL. (cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM-compounding kit).

**Decision rationale:** Similarly, the request for Tabradol, a compounded medication, was likewise not medically necessary, medically appropriate, or indicated here. Tabradol, per the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that cyclobenzaprine, the primary ingredient in the amalgam, is not recommended for compounded formulation purposes. Since one or more ingredients in the amalgam was not recommended, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Deprizine 15mg/ml (oral suspension) 150ml: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation DEPRIZINE-

DailyMed [www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?...](http://www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?...) Principal Display Panel. Do not use if safety seal is broken. NDC 43093-102-01. Rx only. FusePac? Oral Suspension Kit. DEPRIZINE?. (ranitidine).

**Decision rationale:** Similarly, the request for Deprizine (ranitidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonists such as ranitidine are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the May 21, 2015 progress note in question. Therefore, the request was 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 Official Disability Guidelines (ODG-TWC), Pain (Chronic): Antiemetics (for opioid nausea).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation National Library of Medicine Diphenhydramine Treats severe allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medicine is an antihistamine. Brand names: Benadryl, Somnex, Diphenhist, Wal-Dryl, Banophen, Hydramine, Silphen, Dicopanol.

**Decision rationale:** Similarly, the request for Dicopanol (diphenhydramine) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. While the National Library of Medicine (NLM) notes that diphenhydramine (Dicopanol) is indicated in the treatment of allergic reactions, motion sickness, Parkinsonism, etc., here, however, there was no mention of the applicant's having any issues with Parkinsonism, allergic reactions, motion sickness, etc., present on or around the date in question. Therefore, the request was not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Gabapentin (Neurontin) Page(s): 7; 49. Decision based on Non-MTUS Citation National Library of Medicine Gabapentin Brand names: Gralise, Neurontin, Horizant, Fanatrex.

**Decision rationale:** Finally, the request for Fanatrex was likewise not medically necessary, medically appropriate, or indicated here. Fanatrex, per the National Library of Medicine, is a brand of gabapentin. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin (Fanatrex) is a first-line treatment for neuropathic pain, as was seemingly present here in the form of the applicant's reported cervical radiculopathy, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant did not appear to be working with a rather proscriptive 10-pound lifting limitation in place, it was suggested on June 16, 2015. The applicant reported constant, sharp, and severe stabbing neck pain, it was reported on that date. On May 21, 2015, it was stated that the applicant was still having difficulty performing activities as basic as gripping, grasping, reaching, lifting, pushing, and pulling, despite ongoing Fanatrex usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Fanatrex (gabapentin). Therefore, the request was not medically necessary.