

Case Number:	CM15-0124464		
Date Assigned:	07/27/2015	Date of Injury:	11/19/2014
Decision Date:	09/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, Michigan

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 injured worker is a 37 year old male, who sustained an industrial injury on 11/19/2014. He has reported subsequent neck and back pain and was diagnosed with cervical radiculopathy, cervical, thoracic and lumbar pain, cervical disc displacement and radiculitis of the lower extremity. Treatment to date has included medication, shockwave therapy, acupuncture, localized intense neurostimulation therapy and physical therapy. Documentation shows that Cyclobenzaprine was started on 02/02/2015 and Deprizine, Dicopanol, Fanatrex, Synapryn, Terocin patches, Tabradol, Gabapentin and Flurbiprofen were started on 03/20/2015. In a progress note dated 05/22/2015, the injured worker complained of neck, mid and low back pain associated with numbness and tingling of the bilateral lower extremities. Neck pain was rated as 8/10, mid back pain was rated as 4-5/10 and low back pain was rated as 8-9/10. Objective findings were notable for tenderness to palpation of the suboccipital and scalene muscles, decreased range of motion of the cervical spine, positive cervical and maximal foraminal compression tests, decreased sensation to pinprick over the C5-C8 and T1 dermatomes in the upper extremities, tenderness to palpation of the T2-T5 spinous processes, paraspinal muscle guarding, decreased range of motion of the thoracic spine, slightly decreased sensation to pinprick and light touch at T1-T12 bilaterally, lumbar paraspinal muscle guarding, tenderness to palpation of the L3-L5 spinous processes, decreased range of motion of the lumbar spine, positive bilateral straight leg raise at 55 degrees, positive Braggard's test bilaterally and decreased sensation to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally. Work status was temporarily totally disabled. A request for authorization of Deprizine,

Dicopanor, Fanatrex, Synapryn, Terocin patches, Tabradol, Cyclobenzaprine, Gabapentin and Flurbiprofen of unknown dosage and quantity was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine (unknown dosage and quantity): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date.

Decision rationale: Deprizine (Ranitidine) oral suspension is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastro-esophageal reflux (GERD). Ranitidine works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to prevent and treat ulcers in the duodenum (where most ulcers develop) and the stomach. Deprizine oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. In addition, there is no documentation of abnormal subjective or objective gastrointestinal examination findings. Medical necessity of the Deprizine (Ranitidine) oral suspension has not been established. The requested medication is not medically necessary.

Dicopanor (unknown dosage and quantity): 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 (online version), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date.

Decision rationale: Dicopanor, the oral suspension form of Diphenhydramine, is an antihistamine that is used for the temporary relief of seasonal and perennial allergy symptoms. The medication is sedating and has been used for short-term treatment of insomnia. There is no documentation indicating the patient has any history of insomnia. Dicopanor is generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there was no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. In addition, there is no documentation of abnormal subjective or objective gastrointestinal examination findings. Medical necessity for

the requested oral suspension medication was not established. The requested medication was not medically necessary.

Fanatrex (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Gabapentin Page(s): 16-22, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Gabapentin.

Decision rationale: According to the CA MTUS (2009) and ODG, Fanatrex oral suspension (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Gabapentin was concurrently prescribed in pill/tablet form and there is no indication as to why both formulations were medically necessary. Medical necessity for the requested medication, Fanatrex has not been established. The requested medication is not medically necessary.

Synapryn (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondritin Sulfate), Opioids and Weaning of medications Page(s): 50, 76-80, 93-94 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Tramadol.

Decision rationale: According to the CA MTUS, Synapryn oral suspension (Tramadol hydrochloride) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. Work status remained temporarily totally disabled and pain severity remained unchanged despite use of the medication. An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom

taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity for the requested Synapryn oral suspension has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Terocin patches (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: There is no documentation provided necessitating the use of the requested topical medication, Terocin. According to the CA MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, Capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This medication contains Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications and there is no documentation of a failure of first line therapeutic agents. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Tabradol (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 64.

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

Decision rationale: According to the reviewed literature, Tabradol (Cyclobenzaprine) oral suspension is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. There is no documentation of functional improvement from any previous use of this medication as work status had remained unchanged, there was no indication that the injured worker's quality of life had improved and the severity of pain remained unchanged. Tabradol oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines

and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Based on the currently available information, the medical necessity for Tabradol oral suspension has not been established. The requested medication is not medically necessary.

Cyclobenzaprine (unknown dosage and quantity): 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: According to CA MTUS guidelines, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Documentation shows that Cyclobenzaprine had been prescribed to the injured worker on 02/02/2015. There is no documentation of objective functional improvement from the use of this medication as there is no documentation of a change in work status or improved quality of life. There is no documentation of a significant reduction in pain and the most recent progress notes show that pain severity in the neck and back remained unchanged. In addition, this medication is not recommended for long term use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request for Cyclobenzaprine is not medically necessary.

Gabapentin (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Gabapentin Page(s): 16-22, 49.

Decision rationale: As per CA MTUS guidelines, anti-epilepsy drugs are recommended for neuropathic pain. A good response has been defined as 50% reduction in pain and a moderate response has been defined as a 30% reduction in pain. Gabapentin has been shown as effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and is considered a first line treatment for neuropathic pain. As per MTUS, "after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted shows that Gabapentin had been prescribed to the injured worker since 03/20/2015. There was no documentation of significant

pain reduction, objective functional improvement or improved quality of life with use of this medication. Work status remained temporarily totally disabled and the severity of pain in the neck and back remained unchanged. The documentation submitted doesn't provide evidence of effectiveness to support the continued medical necessity of the medication. Therefore, the request for Gabapentin is not medically necessary.

Flurbiprofen (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 and 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, NSAID's.

Decision rationale: Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis (including the knee and hip), acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. Flurbiprofen is indicated for osteoarthritis and mild to moderate pain. In this case, there was no documentation of subjective or objective benefit from use of this medication. There was no indication that the injured worker had significant pain reduction as pain severity remained unchanged. Work status remained temporarily totally disabled and there was no documentation of improved quality of life. Medical necessity of the requested medication has not been established. Therefore, the request for Flurbiprofen is not medically necessary.