

<b>Case Number:</b>	CM15-0028759		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: 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 reported on 9/15/2010. She has reported chronic right wrist and right shoulder pain. The diagnoses were noted to have included status-post carpal tunnel release surgery. Treatments to date have included consultations; diagnostic laboratory, urine and imaging studies; 17 chiropractic treatments; 24 physical therapy treatments; electro-acupuncture treatments; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled until the next evaluation. The treatment SOAP notes, for 1/3-1/16/2015 are all cut off on both sides making them difficult to accurately interpret. On 1/16/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/3/2015 (and received on 1/15/15), for Synapryn 10mg/1ml oral suspension, 500ml; Tabradol 1mg/ml oral suspension, 250ml; Deprizine 15mg/ml oral suspension, 250ml; Dicopanol (Diphenhydramine) 5mg/ml, 250ml; Fanatrex (Gabapentin) 25mg/ml oral suspension, 420ml; periodic urinalysis toxicology evaluation; 18 chiropractic treatment for the right shoulder and right wrist; Terocine patches; and 18 physiotherapy for the right shoulder and right wrist. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, urine toxicology screening, manual manipulation, shoulder & wrist, topical compounded analgesics, and follow ups; the Official Disability Guidelines, testing for low and high risk, manual manipulation/chiropractic guidelines, chronic pain, shoulder and wrist complaints, topical medications; and the American College of Occupational and Environmental Medicine,

shoulder/forearm/wrist/hand complaints, follow-up office visits; and the National Guidelines Clearinghouse, were 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 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. 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 500 ml is not medically necessary.

#### **Tabradol 1 mg/ml oral suspension 250ml: 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. 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 1 mg/ml oral suspension 250ml is not medically necessary.

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

**Dicopanor (diphenhydramine) 5mg/ml oral suspension 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. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov>.

**Decision rationale:** Dicopanor 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 Dicopanor. The request for Dicopanor (diphenhydramine) 5mg/ml oral suspension 150 ml is not medically necessary.

**Fanatrex (gabapentin) 25 mg/ml oral suspension 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. 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) 25 mg/ml oral suspension 420 ml is not medically necessary.

**Urine drug screen toxicological evaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Frequent random urine toxicology screens. Decision based on Non-MTUS Citation Official Disability Guidelines; urine drug testing (UDT).

**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. Documentation

supports that the injured worker is at low risk of addiction or aberrant behavior and at the time of the request under review, opioid drugs are not being prescribed. Furthermore, there is evidence of recent urine drug screen. Per guidelines, the injured worker should be tested yearly thereafter. The request for Urine drug screen toxicological evaluation is not medically necessary.

**18 chiropractic treatment for right shoulder and right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (Chronic) Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Hand Chapters, Manual Therapy.

**Decision rationale:** As per MTUS Chronic pain guidelines, chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. ODG recommends 9 visits over 8 weeks for sprains and strains of shoulder and upper arm. As time goes, fading of treatment frequency (from up to 3 visits per week to 1 or less) should be allowed, plus active self-directed home therapy. This injured worker complains of chronic right shoulder and right wrist pain, post Carpal Tunnel release surgery. Documentation fails to show objective evidence of functional improvement with prior chiropractic treatment. MTUS and ODG do not recommend chiropractic treatment for forearm, wrist and hand pain. With guidelines not being met, the request for 18 chiropractic treatment for right shoulder and right wrist is not medically necessary.

**Terocine patches: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical, compound. Decision based on Non-MTUS Citation Official Disability Guidelines; shoulder (acute & chronic).

**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. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Terocin patches is not medically necessary.