

Case Number:	CM15-0041674		
Date Assigned:	03/11/2015	Date of Injury:	07/15/2013
Decision Date:	05/18/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 48-year-old female who reported an injury on 07/15/2013 due to repetitive use. Diagnoses include right shoulder arthralgia, right wrist pain, right wrist sprain/strain, and right carpal tunnel syndrome. Her previous treatments include activity modification, bracing, physical therapy, acupuncture, and medications. On 01/29/2015, the injured worker complained of right shoulder pain rated 7/10. The injured worker also complained of right wrist pain and muscle spasms rated 5/10 to 6/10. It was also noted the injured worker had temporary relief of pain with medication use and improvement of ability to have restful sleep. She denied any problems with the medications and that pain is alleviated by activity restrictions. A request was received for 1 container of Ketoprofen 20% cream 167grams, 1 bottle of Deprizine 5mg/mL oral Suspension 250ml, 1 bottle of Dicopanol 5mg/mL oral Suspension 150mL, 1 container of Cyclobenzaprine 5% cream 110 grams, 1 bottle of Fanatrex 25mg/mL oral suspension 420mL, 1 Bottle of Synapryn 10mg/mL Oral suspension 500mL, 1 bottle of Tabradol 1mg/mL oral suspension 250mL. A rationale was not provided. A Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Ketoprofen 20% cream 167grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily experimental. However, they may be indicated after a failed trial of anticonvulsants and antidepressants. Furthermore, any drug class that is not supported by the guidelines is therefore not recommended. The compound contained Ketoprofen, which is not a supported compound as it is not FDA-approved. Furthermore, the request as submitted failed to specify a body region for treatment and frequency. Furthermore, the request as submitted failed to specify a body region for treatment. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary or appropriate at this time.

1 bottle of Deprizine 5mg/mL oral Suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, NSAIDS, does not specifically address Deprizine, however it does address H-2 Blockers Page(s): 69.

Decision rationale: California MTUS Guidelines, clinicians should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs are indicated for osteoarthritis including knee and hip. In addition, it is indicated for, treatment of dyspepsia secondary to NSAID therapy. However, per Drugs.com, Deprizine: Generic Name: ranitidine hydrochloride has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. The injured worker was noted to have been using Deprizine suspension for an unspecified duration of time. However, there was lack of documentation of a GI assessment or dyspepsia secondary to NSAID therapy. There was also lack of documentation to indicate the medical necessity for an oral suspension. In addition, there was a lack of documentation the patient had the inability to swallow or tolerate a pill form or that the drug was unavailable in a tablet or capsule form. The request as submitted failed to specify a frequency and quantity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

1 bottle of Dicopanol 5mg/mL oral Suspension 150mL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website:
<http://www.drugs.com/search.php?searchterm=Dicopanол>.

Decision rationale: Dicopanол contains diphenhydramine and amino acids. According to the Official Disability Guidelines, sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine) and that tolerance seems to develop within a few days. Per Drugs.com, Dicopanол is diphenhydramine hydrochloride and it was noted this drug has not been found by the FDA to be safe and effective and the labeling was not approved by the FDA. The injured worker was indicated to have been using Dicopanол for an unspecified duration of time. However, there was lack of documentation indicating the medical necessity for the use of Dicopanол as a sleeping aid. Furthermore, Dicopanол has not been found to be safe or effective for use by the FDA. There was also lack of documentation to indicate the medical necessity for an oral suspension. In addition, there was a lack of documentation the patient had the inability to swallow or tolerate a pill form or that the drug was unavailable in a tablet or capsule form. The request as submitted failed to specify a frequency and quantity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for Dicopanол oral suspension is not medically necessary.

1 container of Cyclobenzaprine 5% cream 110 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily experimental. However, they may be indicated after a failed trial of anticonvulsants and antidepressants have failed. Furthermore, any drug class that is not supported by the guidelines is therefore not recommended. The injured worker was noted to have been using the cream for an unspecified duration of time. The compound contains cyclobenzaprine, which is not supported as a topical formulation. Furthermore, the request as submitted failed to specify a body region for treatment and frequency. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate.

1 bottle of Fanatrex 25mg/mL oral suspension 420mL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drug Page(s): 16. Decision based on Non-MTUS Citation website: <http://www.drugs.com/search.php?searchterm=Fanatrex>.

Decision rationale: According to the California MTUS Guidelines, antiepilepsy drugs are, recommended for neuropathic pain (pain due to nerve damage), and, gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Furthermore, the guidelines state glucosamine is, recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Per Drugs.com, Fanatrex is an oral suspension of gabapentin that has not approved by the FDA. The injured worker was indicated to have been using Fanatrex oral suspension for an unspecified duration of time. However, there was lack of documentation the patient had diabetic painful neuropathy or postherpetic neuralgia. Furthermore, there was lack of documentation indicating the approved use of Fanatrex by the FDA. In addition, there was lack of documentation to indicate the patient had arthritis or arthritis pain. The request as submitted failed to specify a frequency and quantity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

1 Bottle of Synapryn 10mg/mL Oral suspension 500mL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Glucosamine Sulfate, Ongoing Management, Tramadol Page(s): 50, 78, 82, 93, & 94.

Decision rationale: According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. Furthermore, the guidelines state glucosamine is, recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The injured worker was noted to have been taking Synapryn oral suspension for an unspecified duration of time. However, there was lack of documentation in regard to objective functional improvement, objective decrease in pain, and evidence of monitoring for side effects or aberrant drug related behaviors. Furthermore, there was lack of documentation to indicate the patient had osteoarthritis pain or the medical necessity for an oral suspension versus oral pill form. There was also a lack of documentation to support the use of oral suspension medication as it is only supported in instances when the drug is unavailable in a tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. Based on the above, the request is not supported by the evidence based guidelines. As such, the request for Synapryn is non-certified. Furthermore, the request as submitted failed to specify a frequency and quantity. As such, the request is not medically necessary.

1 bottle of Tabradol 1mg/mL oral suspension 250mL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines, recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. A search of ACOEM, California Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines, along with the National Guideline Clearinghouse (NCG) and the PubMed database returned no discussion on Tabradol. The injured worker was indicated to have been using Tabradol oral suspension for an unspecified duration of time. However, there was lack of documentation indicating the medical necessity for an oral suspension medication or lack of documentation indicating the drug was unavailable in tablet or capsule form or the patient was unable to swallow or tolerate a pill. There was also lack of evidence based literature for the oral compound of cyclobenzaprine and methylsulfonylmethane over the commercially available oral forms. Moreover, there was lack of medical necessity requiring oral suspension of these medications. The request as submitted failed to specify a frequency and quantity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.