

Case Number:	CM15-0066227		
Date Assigned:	04/14/2015	Date of Injury:	01/15/2015
Decision Date:	05/28/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/07/2015

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 34-year-old who has filed a claim for finger and hand pain reportedly associated with an industrial injury of January 15, 2015. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex apparently dispensed on or around January 15, 2015. Despite the fact that this did not appear to be a chronic pain case as of the date of the request, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines in its determination. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant reported issues with finger pain secondary to a finger laceration. Oral Vicodin was endorsed. On January 26, 2015, the applicant had apparently transferred care to a new primary treating provider, who suggested various topical compounded medications, dietary supplements, and oral suspensions, including topical ketoprofen, topical cyclobenzaprine, a Synapryn oral suspension, a Tabradol oral suspension, a Deprizine oral suspension, a Dicopanol oral suspension, and a Fanatrex oral suspension. In an associated progress note dated February 3, 2015, the applicant reported 7/10 hand, finger, and wrist pain status post an earlier hand laceration. Extracorporeal shockwave therapy, x-rays of the hand and wrist, physical therapy, manipulative therapy, acupuncture, MRI imaging, and electrodiagnostic testing were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Synapryn (DOS 2/16/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47; 49. 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: Synapryn, per the National Library of Medicine (NLM), is a custom compounded amalgam of tramadol and glucosamine. The MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 notes that topical medications and/or compounds, as a class are, deemed "not recommended." Here, there was no evidence of intolerance to and/or failure of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the Synapryn compound in question. The MTUS Guideline in ACOEM Chapter 3, page 47 also notes that an attending provider should incorporate some discussion of "cost" into his choice of recommendations. Here, however, the attending provider did not state why a custom compounded tramadol-glucosamine amalgam was preferable to conventional, generic first-line oral pharmaceuticals. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date of the request, February 16, 2015, following an industrial injury of January 15, 2015, the MTUS Guideline in ACOEM Chapter 3, was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here.

Retrospective Tabradol (DOS 2/16/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49. 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: Tabradol, per the National Library of Medicine, is an amalgam of cyclobenzaprine and MSM. However, the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 notes that topical medications such as the amalgam at issue are deemed "not recommended." Here, the applicant's usage of what ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals such as Vicodin effectively obviated the need for the compounded agent in question, it is further noted. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date of the request, February 16, 2015, following an industrial injury of January 15, 2015, the MTUS Guideline in ACOEM Chapter 3, was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here.

Retrospective Deprizine (DOS 2/16/15): Upheld

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

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 Ranitidine Treats and prevents heartburn with acid indigestion. Also treats stomach ulcers, gastroesophageal reflux disease (GERD), and conditions that cause your stomach to make too much acid (such as Zollinger-Ellison syndrome). This medicine is a histamine H2-blocker.

Decision rationale: The MTUS Guideline in ACOEM Chapter 3, page 47 notes that an attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations. Here, however, it was not clearly stated or clearly established for what purpose Deprizine (ranitidine) had been employed. While the National Library of Medicine (NLM) does acknowledge that ranitidine (Deprizine) is indicated in the treatment of acid indigestion, gastroesophageal reflux disease, stomach ulcers, etc., in this case, however, there was no mention of the applicant's carrying any such issue, diagnosis, or symptom on or around the date of the request. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on or around the date in question, February 3, 2015. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date in question, February 16, 2015, the MTUS Guideline in ACOEM Chapter 3 was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here.

Retrospective Dicopanol (DOS 2/16/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation 1. DICOPANOL - DailyMed dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm archiveid...Rx only. FusePaq Compounding Kit for Oral Suspension. DICOPANOL (diphenhydramine hydrochloride 5 mg/mL, in oral suspension - compounding kit).2. National Library of Medicine Diphenhydramine Treats severe allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medicine is an antihistamine.

Decision rationale: The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Here, however, the attending provider did not state why usage of Dicopanol, a diphenhydramine-containing compound, was preferential to usage of over-the-counter diphenhydramine capsules. The MTUS Guideline in ACOEM Chapter 3, page 47 also stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed so as to ensure proper usage and to manage expectations. Here, however, the attending provider did not state for what purpose, diagnosis, and/or issue Dicopanol

(diphenhydramine) had been prescribed. While the National Library of Medicine (NLM) acknowledges that diphenhydramine is indicated in the treatment of allergic rashes, motion sickness, parkinsonism, etc., here, however, there was no mention of the applicant's having any such issues and/or symptoms present on or around the date in question. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date in question, February 16, 2015, following an industrial injury of January 15, 2015, the MTUS Guideline in ACOEM Chapter 3 was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.

Retrospective Fanatrex (DOS 2/16/15): Upheld

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

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 Gabapentin (Fanatrex) Treats certain types of seizures. Also treats Restless Legs Syndrome (RLS) and pain caused by shingles (postherpetic neuralgia).

Decision rationale: 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 in order to ensure proper use and to manage expectations. Here, however, it was not clearly established or clearly stated for what conditions, diagnosis, disease process, and/or symptom Fanatrex (gabapentin) had been introduced. While the National Library of Medicine (NLM) does acknowledge that Fanatrex (gabapentin) is indicated in the treatment of seizures, restless leg syndrome, postherpetic neuralgia, etc., here, there was no mention of the applicant's carrying any such issue, diagnosis, and/or symptom on or around the date in question. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of "cost" into his choice of recommendations. Here, however, the attending provider did not clearly state or clearly establish why a custom-compounded Fanatrex amalgam was preferential to usage of generic gabapentin capsules, it was further noted. Therefore, the request was not medically necessary. Since this was not a chronic pain case as of the date in question, February 16, 2015, following an industrial injury of January 15, 2015, the MTUS Guideline in ACOEM Chapter 3 was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.