

<b>Case Number:</b>	CM15-0076232		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

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 55-year-old male, with a reported date of injury of 10/24/2013. The diagnoses include cervical spine sprain/strain, abdominal pain, cervical disc displacement, forearm internal derangement, wrist sprain/strain, wrist carpal tunnel syndrome, low back pain, shoulder sprain/strain/labral tear shoulder, upper arm internal derangement, shoulder internal derangement, lumbar disc displacement, lower extremity radiculitis, cervical spine radiculopathy/radiculitis of the upper extremity, and elbow sprain/strain. Treatments to date have included an x-ray of the cervical spine, an x-ray of the left and right elbow, an x-ray of the right and left hand, an x-ray of the left and right shoulder, an x-ray of the lumbar spine, an x-ray of the right and left wrist, an MRI of the cervical spine, topical medication, oral medications, and an injection to the right wrist. The agreed medical examination dated 03/19/2015 indicates that the injured worker complained of neck pain, with radiation to the bilateral upper extremities to the fingers; right shoulder pain, left shoulder pain, right wrist pain, left wrist pain, and low back pain. The physical examination of the neck showed no evidence of muscle rigidity or spasm, and diffuse tenderness to palpation throughout the cervical spine. The physical examination of both shoulders showed tenderness to palpation at the anterior aspects, negative impingement signs, and pain with overhead motions. An examination of both hands and wrists showed tenderness to palpation throughout the bilateral wrists. A physical examination of the lumbosacral spine showed diffuse tenderness to palpation throughout the lumbosacral spine and negative bilateral straight leg raise test. The treating physician requested Deprizine; Dicopanol; Fanatrex; Synapryn; Tabradol; compound cream with Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine,

and Gabapentin; 18 sessions of physical therapy for the bilateral shoulders, elbows, and neck; and 18 sessions of chiropractic treatment for the bilateral shoulders, elbows, and neck.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Deprizine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Deprizine is not medically necessary.

**Dicopanorl:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Dicopanorl is not medically necessary.

**Fanatrex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Fanatrex is not medically necessary.

**Synapryn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Synapryn is not medically necessary.

**Tabradol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Compound drugs.

**Decision rationale:** The requested compound medication contains unnamed and then defined "other proprietary ingredients". In addition, there is no documentation that the patient has a contraindication to medication prescribed in tablet form. According to the Official Disability Guidelines, compounded drugs are not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are

found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. There is no documentation that the FDA approved medication was given an adequate trial. Tabradol is not medically necessary.

**Compound cream with Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, Gabapentin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Compound cream with Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, Gabapentin is not medically necessary.

**18 sessions of physical therapy for bilateral shoulders, elbows & neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement and the request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. 18 sessions of physical therapy for bilateral shoulders, elbows & neck is not medically necessary.

**18 sessions of chiropractic treatment for bilateral shoulders, elbows and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

**Decision rationale:** The request is for 18 visits of chiropractic. The Chronic Pain Medical Treatment Guidelines allow for an initial 4-6 visits after which time there should be documented

functional improvement prior to authorizing more visits. The request for 18 chiropractic visits is more than what is medically necessary to establish whether the treatment is effective. 18 sessions of chiropractic treatment for bilateral shoulders, elbows and neck is not medically necessary.