MAXIMUS Federal Services

Case Number:	CM15-0078270		
Date Assigned:	04/29/2015	Date of Injury:	12/02/2013
Decision Date:	07/08/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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, Illinois
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:

This 38-year-old male sustained an industrial injury on 12/2/13. He subsequently reported back, chest and right upper extremity pain. Diagnoses include wrist sprain/ strain, contusion injuries to right upper extremity and thoracolumbar sprain/ strain. Treatments to date have included, physical therapy and prescription pain medications. The injured worker continues to experience increased low back pain that radiates down the right buttock and tailbone and neck pain that radiates to the upper back. Upon examination, there was tenderness and spasms noted throughout the paraspinal muscle, straight leg raise testing was positive. A retrospective request for Synapryn, Tabradol, Deprizine, Dicopanol and Fenatrex medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 2/11/2015) for Synapryn 10mg./1mg. oral suspension 500ml. QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medications - Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain (Chronic), Compound drugs.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Retrospective request (DOS 2/11/2015) for Synapryn 10mg./1mg. oral suspension 500ml. QTY: 1.00. Synapryn (Tramadol) is a synthetic opioid. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records do not indicate the request followed the recommended guidelines required before trial of Opioids. These include: Treatment plan, steps to take before trial of opioids, initiating therapy. Each of these steps have several processes that need to be done, but the records do not indicate these were implemented. Additionally, the medication contains gluocosamine, which is not a recommended medication for treatment of chronic pain. The Official Disability Guidelines recommends against the use of any compound drug that contains a non-recommended agent.

Retrospective request (DOS 2/11/2015) for Tabradol 1mg./1ml.oral suspension 250mg. QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medications - Compounded.

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 injured worker sustained a work related injury on 12/2/13. The medical records provided indicate the diagnosis of wrist sprain/ strain, contusion injuries to right upper extremity and thoracolumbar sprain/ strain. Treatments to date have included, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Retrospective request (DOS 2/11/2015) for Tabradol 1mg./1ml.oral suspension 250mg. QTY: 1.00. Tabradol is a suspension containing Cyclobenzaprine and methylsulfonylmethane) . The MTUS is silent on it, but the Official Disability Guidelines states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Therefore, though cyclobenzaprine is a muscle relaxant and is recommended as an option with caution for the short term(not more than 2-3 weeks) treatment of acute exacerbation of chronic back pain, methylsulfonylmethane is not a recommended agent.

Retrospective request (DOS 2/11/2015) for Deprizine 15mg./ml. oral suspension 250mg. QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medications - Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 12/2/13. The medical records provided indicate the diagnosis of wrist sprain/ strain, contusion injuries to right upper extremity and thoracolumbar sprain/ strain. Treatments to date have included, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Retrospective request (DOS 2/11/2015) for Deprizine 15mg./ml. oral suspension 250mg. QTY: 1.00. Deprizine (Ranitidine) is an H2 an receptor antagonist. It is used in the treatment and prevention of ulcers in the stomach and intestines; or treatment of conditions in which the stomach produces too much acid, such as Zollinger-Ellison syndrome. It is also used in treating gastroesophageal reflux disease (GERD). The MTUS recommends prophylactic treatment of individuals at risk of gastrointestinal events when they are on treatment with NSAIDs. However, the injured worker has not been determined to be at rsik of gastrointetsinal event, but the medical records indicate the physician prescribed it in anticipation the injured worker will develop such due to the NSAID Flurbiprofen.

Retrospective request (DOS 2/11/2015) for Dicopanol (diphenhydramine) 5mg./ml oral suspension 150mg. QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medications - Compounded.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Mental Illness & Stress, Diphenhydramine (Benadryl).

Decision rationale: The injured worker sustained a work related injury on 12/2/13. The medical records provided indicate the diagnosis of wrist sprain/ strain, contusion injuries to right upper extremity and thoracolumbar sprain/ strain. Treatments to date have included, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Retrospective request (DOS 2/11/2015) for Dicopanol (diphenhydramine) 5mg./ml oral suspension 150mg. QTY: 1.00. The medical records indicate this was prescribed as a sleep aid. The MTUS is silent on Diphenhyrdamine, but the Official Disability Guidelines recommends against its use.

Retrospective request (DOS 2/11/2015) for Fanatrex (Gabapentin) 25mg./ml. oral suspension 420mg. QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Medications - Compounded.

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 injured worker sustained a work related injury on 12/2/13. The medical records provided indicate the diagnosis of wrist sprain/ strain, contusion injuries to right upper extremity and thoracolumbar sprain/ strain. Treatments to date have included, physical therapy and prescription pain medications. The medical records provided for review do not indicate a medical necessity for Retrospective request (DOS 2/11/2015) for Fanatrex (Gabapentin) 25mg./ml. oral suspension 420mg. QTY: 1.00. This is a compounded agent containing 0.5 g gabapentin, USP 420 mL oral suspension vehicle (water, banana flavor, N-acetyl-D-glucosamine, strawberry flavor, marshmallow flavor, glycerin, stevia powder, acesulfame potassium, xanthan gum, monoammonium glycyrrhizinate, sodium saccharin, sodium benzoate, potassium sorbate, dibasic sodium phosphate) Disposable funnel. Although Gabapentin is an antiepelpsy drug, useful for treating Neuropatic pain, the other agents are not recommended. The Official Disability Guidelines states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required."