

Case Number:	CM15-0094432		
Date Assigned:	05/21/2015	Date of Injury:	09/01/2011
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 45-year-old female with an industrial injury dated 9/01/2011. The injured worker's diagnoses include bilateral shoulder sprain/strain, right shoulder internal derangement, left shoulder pain, bilateral elbow sprain/strain, bilateral elbow internal derangement, bilateral wrist sprain/strain, tenosynovitis, and wrist carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/10/2015, the injured worker reported bilateral shoulder pain radiating down the arms to the fingers, bilateral elbow pain and bilateral wrist pain. The injured worker rated the pain a 7/10. Objective findings revealed tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle, decrease range of motion of bilateral shoulders/elbows/wrists, and tenderness to palpitation over the carpal bones and at the thenar eminence bilaterally. The treating physician prescribed Synapryn (10mg/1ml) oral suspension, #500ml, Tabradol (1mg/ml) oral suspension, #250ml, Deprizine (15mg/ml) oral suspension, #250ml, Dicopanol (5mg/ml) oral suspension, #150ml, and Fanatrex (gabapentin) (25mg/ml) oral suspension, #420ml now under review.

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, #500ml: 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 Nutritional Supplements, FDA, <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>.

Decision rationale: Synapryn is an oral compounded pain medication. It contains Tramadol, Glucosamine, and other proprietary ingredients. It is not FDA approved. It is not discussed by MTUS, ACOEM, or ODG as a result. It is not recommended by a reputable recognizable source in the medical community. Likewise, this requested medication cannot be considered medically necessary.

Tabradol (1mg/ml) oral suspension, #250ml: 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 FDA drug search, <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>.

Decision rationale: Tabradol is an oral compounded medication. It contains cyclobenzaprine and other proprietary ingredients. It is not FDA approved. It is not discussed by MTUS, ACOEM, or ODG as a result. It is not recommended by a reputable recognizable source in the medical community. Likewise, this requested medication is not considered medically necessary.

Deprizine (15mg/ml) oral suspension, #250ml: 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 FDA drug search, <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>.

Decision rationale: Deprizine is an oral compounded medication. It contains ranitidine and other proprietary ingredients. It is not FDA approved. It is not discussed by MTUS, ACOEM, or ODG as a result. It is not recommended by any reputable and recognizable guideline source in the medical community. Likewise, this requested medication is not considered medically necessary.

Dicopanol (5mg/ml) oral suspension, #150ml: 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 FDA drug search, <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>.

Decision rationale: Dicopanol is an oral compounded medication. It contains diphenhydramine and other proprietary ingredients. It is not FDA approved. It is not discussed by MTUS, ACOEM, or ODG as a result. It is not recommended by any reputable and recognizable guideline source in the medical community. Likewise, this requested medication is not considered medically necessary.

Fanatrex (gabapentin) (25mg/ml) oral suspension, #420ml: 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 FDA drug search, <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/>.

Decision rationale: Fanatrex is an oral compounded medication. It contains gabapentin and other proprietary ingredients. It is not FDA approved. It is not discussed by MTUS, ACOEM, or ODG as a result. It is not recommended by any reputable and recognizable guideline source in the medical community. Likewise, this requested medication is not considered medically necessary.