

<b>Case Number:</b>	CM15-0095822		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 30 year old female sustained an industrial injury on 9/15/10. She subsequently reported right shoulder, arm and hand pain. Diagnoses include right shoulder joint derangement unspecified and status post right carpal tunnel release with residual pain. Treatments to date include MRI and x-ray testing, carpal tunnel surgery, physical therapy, chiropractic care, acupuncture and prescription pain medications. The injured worker continues to experience right shoulder and right wrist pain that radiates to the fingers. Upon examination, tenderness in the right shoulder and right wrist region, decreased active right shoulder and wrist ranges of motion were noted. Positive Tinel's sign at the wrist, positive Phalen's sign were noted. Decreased strength in all muscles on the right upper extremity and normal upper extremity reflexes bilaterally were noted. A request for Terocin patches, Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, Periodic UA toxicological evaluation, Chiropractic treatment for right shoulder and right wrist x 18 sessions and Physiotherapy for the right shoulder and right wrist x 18 visits 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:

**Synapryn 10mg/1ml oral suspension 500ml: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** Synaprin is a product containing Tramadol and Glucosamine. There is no clear mention of the 4 A's for ongoing management with opiate therapy. There is no mention of how this agent has improved pain, function, quality of life, and there is no frequency or quantity within the request. This request as a result, is not medically necessary.

**Tabrodol 1mg/ml oral suspension 250ml: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, Cardiovascular Risk Page(s): 68.

**Decision rationale:** Tabrodol is a suspension product containing Cyclobenzaprine. This agent according to CA MTUS should be utilized for a short duration. There is no mention of duration within the request itself, nor is there a clear rationale as to why a suspension is preferred over oral pill agents for pain. The request is not 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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS section Page(s): 68-69.

**Decision rationale:** According to the CA MTUS, Deprizine is a product containing Ranitidine, which is an H2 blocker known to treat those with reflux or dyspepsia secondary to NSAID use. There is no mention of reflux or mention the injured worker is at high risk for reflux. There is no frequency within the request and as such, given the above-mentioned issues, this request is not medically necessary.

**Dicopanorol (Diphenhydramine) 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 Official Disability Guidelines (ODG) Insomnia, Antihistamines.

**Decision rationale:** ODG states Dicopanol contains Diphenhydramine, which is used to treat insomnia. This agent is sedating and has been shown to cause daytime sleepiness. There is no mention of sleep hygiene with the injured worker, or failure of non-pharmacologic measures to treat insomnia. Without clarification, this request is not 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

**Decision rationale:** According to the CA MTUS, Fanatrex is used to treat painful diabetic neuropathy, or post-herpetic neuralgia and is considered first line for neuropathic pain. There is no frequency within the request. The above diagnoses are not mentioned within the submitted documentation. This request is not medically necessary.

**Periodic UA toxicological evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines UDS, Drug Screening Page(s): 77-79.

**Decision rationale:** According to the California MTUS Drug Screening section, Chronic Pain 2009 Guidelines, urine drug screening can be considered to monitor for abuse in those who are taking high risk, addictive narcotic pain medications. There is no mention that the injured worker is at high risk for abusing controlled substances. This request is not medically necessary.

**Chiropractic treatment for right shoulder and right wrist x 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulative Therapy Page(s): 58-59.

**Decision rationale:** California MTUS Guidelines recommend up to 18 visits of chiropractic therapy with evidence of objective functional improvement. The initial request is for 18 sessions. This would be the guideline maximum. The injured worker has been noted to have previous chiropractic sessions, but no mention was made of how this benefited the injured

worker, and why additional sessions are necessary over a home exercise program. At this time, this request is not medically necessary.

**Physiotherapy for the right shoulder and right wrist x 18 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

**Decision rationale:** The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. The request as submitted exceeds the guideline recommendation. As such, this request is not medically necessary.

**Terocin patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. There is no clear rationale to not adhere to guideline recommendations within the submitted documentation. There is no mention of failure to first line oral agents, and furthermore, there is no duration or frequency within the submitted request, nor is there mention of dose/strength. This request is not medically necessary.