

Case Number:	CM15-0097890		
Date Assigned:	05/29/2015	Date of Injury:	03/04/2014
Decision Date:	07/08/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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 60 year old female, who sustained an industrial injury on 3/4/14. The injured worker was diagnosed as having cervical spine sprain/strain, cervical degenerative disc disease, cervical radiculopathy, left shoulder labral tear, left shoulder rotator cuff tear, left shoulder AC arthrosis, left shoulder tendonitis, left shoulder bursitis, low back pain, lumbar spine sprain/strain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, bilateral knee sprain/strain, bilateral knee internal derangement, left knee lateral meniscal tear, right knee medial meniscal tear, and bilateral knee osteoarthritis. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, shockwave therapy, and medication. Currently, the injured worker complains of radicular neck pain, left shoulder pain, low back pain, and bilateral knee pain. The treating physician requested authorization for Tabradol 1mg/ml oral suspension 250ml, Deprizine, Dicopanol, Fanatrex, and Synapryn 10mg/ml oral suspension 500ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1 mg/ml oral suspension 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Tabradol is an oral suspension that contains the muscle relaxant Cyclobenzaprine, as well as other proprietary ingredients. Muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Additionally, no dose or frequency was provided. Likewise, this request for Tabradol is not medically necessary.

Deprizine (unknown duration/frequency): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Depirizine, which contains Ranitidine, (at an unknown dosage and frequency) is not medically necessary.

Dicopanor (unknown duration/frequency): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com <http://www.drugs.com/pro/dicopanor.html>.

Decision rationale: Dicopanor is an oral suspension formulation of Diphenhydramine and other proprietary ingredients. A duration and frequency were not specified in this request. It would

appear that it is being prescribed to help with sleep. Exactly why oral over the counter Benadryl cannot be used is not clear from the documentation. Likewise, this request cannot be considered medically necessary.

Fanatrex (unknown duration/frequency): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49 of 127.

Decision rationale: Fanatrex contains Gabapentin and other proprietary ingredients. MTUS guidelines state regarding Gabapentin, "Gabapentin is an anti-epilepsy drug (AEDs, also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Regarding this patient's case, no dosage or frequency for this requested medication was provided. Likewise, this request cannot be considered medically necessary.

Synapryn (10 mg/ml oral suspension 500 ml): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: Synapryn is a brand name for an oral suspension that contains Tramadol, which is an opiate pain medication. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Additionally, no dosage or frequency was provided. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.