

Case Number:	CM15-0099532		
Date Assigned:	06/02/2015	Date of Injury:	04/25/2013
Decision Date:	07/07/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: New Jersey, New York
 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:

This 34-year-old male sustained an industrial injury to the low back on 4/25/13. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture, shockwave, injections and medications. In a PR-2 dated 1/12/15, the injured worker complained of sharp, stabbing, radicular low back pain rated 6-7/10 on the visual analog scale with radiation to bilateral lower extremities associated with numbness and tingling. The injured worker also complained of pain and pressure in the left inguinal/testicular region. The injured worker reported that medications offered him temporary relief of pain and improved his ability to have restful sleep. Physical exam was remarkable for tenderness to palpation to the paraspinal musculature, quadratus lumborum muscles and over the lumbosacral junction. The injured worker was able to heel-toe walk with pain. The injured worker could squat approximately 10% of normal due to pain. Current diagnoses included low back pain, lumbar disc displacement, lower extremity radiculitis and rule out inguinal hernia. The treatment plan included continuing medications (Synapryn, Tabradol, Deprizine, Dicopanil and Fanaprex).

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10 MG/ML Oral Suspension 500 ML: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Glucosamine (and Chondroitin Sulfate) Page(s): 78-79, 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Glucosamine (and Chondroitin sulfate); Pain: Compound drugs.

Decision rationale: Syprasyn is a compound solution of tramadol and glucosamine. It is considered not medically necessary. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. In regards to tramadol, there is no documentation of what his pain was like previously and how much Tramadol decreased his pain. There is no documentation all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. Side effects and aberrant drug behaviors were not documented. There were no urine drug screenings or drug contract. In regards, to glucosamine, MTUS guidelines state that this may be an option for treatment of moderate arthritis especially knee osteoarthritis given its low risk. It is not indicated for the patient's medical conditions. It is unclear why the patient requires this compounded medication in lieu of taking the components separately. Therefore, the request is considered not medically necessary.

Tabradol 1 MG/ML Oral Suspension 250 ML: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation ODG: Official Disability Guidelines: Pain, Compound drugs. Pain, MSM.

Decision rationale: Tabradol is a compound solution of cyclobenzaprine and MSM. It is not considered medically necessary. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary. According to ODG, MSM is used for CRPS, but long-term controlled studies have not been conducted. It has not been approved for osteoarthritis. It is unclear why a compound solution was required and why the patient could not use the components separately in tablet form. Therefore, the request is considered not medically necessary.

Deprizine 15 MG/ML Oral Suspension 250 ML: 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).

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

Decision rationale: Deprizine is a compound solution of ranitidine and other proprietary ingredients. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. The need for GI prophylaxis is not documented. According to MTUS, the patient is at low risk of GI events. He is younger than age 65, does not have a history of PUD, GI bleed or perforation, he does not use aspirin, corticosteroids, or anticoagulants, is not on high dosages or multiple NSAIDs. There were no GI complaints. Therefore, Ranitidine is considered not medically necessary. It is unclear why the patient required a compounded medication and could not take the components separately. Therefore, the request for Deprizine is not medically necessary.

Dicopanor (Diphenhydramine) 5 ML/ML Oral Suspension 150 ML: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Compound drugs. Mental/Stress, Diphenhydramine.

Decision rationale: Dicopanor is a compound solution of diphenhydramine and other proprietary ingredients. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. According to ODG guidelines, Diphenhydramine is not recommended for long-term insomnia treatment, which the patient is not documented to have anyways. It is unclear why the patient requires the compound form of this drug instead of the over-the-counter formulation. Therefore, the request is not medically necessary.

Fenalex (Gabapentin) 25 ML/ML Oral Suspension 420 ML: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants, Gabapentin Page(s): 16-19, 49. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Compound drugs.

Decision rationale: Fanatrex is a compound formulation of gabapentin and other proprietary ingredients. Compound medications are not considered first-line according to ODG guidelines. If other FDA-approved drugs are not effective after an adequate trial, compound drugs may be indicated. It is unclear why the patient requires the compound form of this drug instead of the regular tablet formulation. Therefore, the request is not medically necessary.