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| <b>Case Number:</b>   | CM13-0022612 |                              |            |
| <b>Date Assigned:</b> | 11/13/2013   | <b>Date of Injury:</b>       | 07/14/2011 |
| <b>Decision Date:</b> | 01/30/2014   | <b>UR Denial Date:</b>       | 08/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/10/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41 year-old male who reported a work-related injury on 07/14/2011, specific mechanism of injury not stated. Subsequently, the patient is status post an L5-S1 transforaminal interbody fusion as of 02/2013. The clinical note dated 06/13/2013 reported that the patient was seen for follow-up under the care of [REDACTED]. The provider documented that the patient reported that he was gradually improving. The patient felt numb all the way in the S1 dermatomal distribution although the pain was not as bad as it was previous to surgical interventions. The provider documented that back pain also gave the patient some trouble with range of motion; otherwise, the patient has gradually improved, slower than expected. The provider documented that upon physical exam of the patient, no motor, sensory or neurological deficits were evidenced.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review failed to provide evidence support for the requested Synapryn oral suspension. This medication is indicated as tramadol which, per the California MTUS, is a centrally-acting synthetic opioid analgesic and is not recommended as a first-line oral analgesic. The clinical notes document that the patient, in addition to Synapryn, utilizes cyclobenzaprine, Soma and hydrocodone/APAP. The clinical notes failed to document why the patient requires utilization of an oral suspension. Furthermore, the clinical notes do not evidence the patient's rate of pain on the VAS or an increase in objective functionality as a result of utilizing this medication. As the California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Given all of the above, the request for Synapryn 10 mg/1 ml oral suspension 500 ml with a dosage of 5 ml (1 tsp) 3 times a day as directed is not medically necessary or appropriate.