

Case Number:	CM13-0062219		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2011
Decision Date:	07/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 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/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 54 year-old male with a 3/11/11 date of injury. According to the 10/14/11 podiatry report from [REDACTED] the patient presents with left and right foot pain. The diagnoses was left enthesiopathy of ankle and tarsus; left ankle instability/ other joint derangement; joint pain; limb pain. There is distant history of fall from ladder and ankle fracture in 1989. There is one medical report provided for this IMR, dated 10/14/11 from [REDACTED], and it does not provide the mechanism of onset for the current industrial injury. The report does not discuss Synapryn medication. On 11/25/13 UR issued a retrospective denial for Synapryn dispensed on 12/5/11.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNAPRYN DISPENSED ON 12/5/11: Upheld

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

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

Decision rationale: The patient is a 54 year-old male with a 3/11/11 date of injury. According to the 10/14/11 podiatry report from [REDACTED] the patient presents with left and right foot pain. The

diagnoses was left enthesiopathy of ankle and tarsus; left ankle instability/ other joint derangement; joint pain; limb pain. There is distant history of fall from ladder and ankle fracture in 1989. There is one medical report provided for this IMR, dated 10/14/11 from [REDACTED], and it does not provide the mechanism of onset for the current industrial injury. The report does not discuss Synapryn medication. On 11/25/13 UR issued a retrospective denial for Synapryn dispensed on 12/5/11. The request presented for review is for Synapryn dispensed on 12/5/11. Synapryn is an oral suspension that contains tramadol and glucosamine as well as other proprietary ingredients. There are no medical reports provided that discuss Synapryn. The dosage, duration and frequency were not provided. It is not known whether Synapryn contains Glucosamine sulfate or glucosamine hydrochloride. MTUS guidelines has some support for glucosamine sulfate for knee arthritis, but not for glucosamine hydrochloride. The compound also contains tramadol. MTUS for tramadol states it is not recommended as a first line oral analgesic. There are no medical reports available that state other first line analgesics have been tried before Synapryn. The limited information provided for IMR does not provide evidence to support that the use of the unknown prescription for Synapryn is in accordance with the specific information provided under the MTUS guidelines. The request is not medically necessary and appropriate.