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| Case Number: | CM13-0071844 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 07/14/2006 |
| Decision Date: | 06/02/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 12/30/2013 |

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 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 55 year old female who was injured on 07/14/2006 when she slipped and fell at work. Prior treatment history has included physical therapy, chiropractic, acupuncture therapy, shock wave therapy and medications as of 04/24/2013: Deprezine, Dicopanol, Fanatrex, Synaprn, and Tabradol, Cyclophene, and Ketoprofen cream. Diagnostic studies reviewed include a urine toxicology report dated 11/20/2013 reported as negative for drugs tested and is consistent with prescribed medications. Orthopedic consultation note dated 12/25/2013 documented the patient with complaints of burning, radicular neck pain and muscle spasms. The patient rates the pain 9-10/10. She complains of burning bilateral shoulder pain radiating down the arms to the fingers associated with muscle spasms. She rates that pain as 9-10/10. The patient complains of burning bilateral wrist pain and muscle spasms and she rates that pain as 9-10/10. The patient complains of burning, radicular lower back pain and muscle spasms and rates that pain as 9-10/10. The patient states symptoms persist but the medications do offer temporary relief of pain and improve ability to have restful sleep. Objective findings on exam reveal there is tenderness to palpation of the cervical spine. There is tenderness to palpation at the dorsum of the wrist and over the carpal tunnel bilaterally. There is pain with palpation noted on the lumbar spine. There is tenderness to palpation on the bilateral PSISs more on the right side. There is also tenderness to palpation over the bilateral paraspinal muscles as well as sciatic notch tenderness more on the left side. Diagnoses: Cervical spine pain, cervical radiculopathy, Bilateral shoulder impingement syndrome, bilateral wrist carpal tunnel syndrome, Lumbago, and Lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF SYNAPRYN 10MG/1ML ORAL SUSPENSION 500ML (FOR TREATMENT OF THE CERVICAL SPINE, LUMBAR SPINE, AND RIGHT SHOULDER): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria For Use, Page(s): 76-94.

Decision rationale: Synapryn contains Tramadol hydrochloride and glucosamine as active ingredients; therefore the Tramadol guidelines were used in this conclusion. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Further, the combination of the ingredients in Synapryn has not been approved for use.

PRESCRIPTION OF TABRADOL 1MG/ML ORAL SUSPENSION 250ML (FOR TREATMENT OF THE CERVICAL SPINE, LUMBAR SPINE, AND RIGHT SHOULDER): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Page(s): 41-42, 64.

Decision rationale: Tabradol contains metylsulfonylmethane (MSM) and cyclobenzaprine. As per CA MTUS guidelines, cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. It is recommended for short-term treatment of acute exacerbations in patients with chronic low back pain. Records submitted indicated that this patient has chronic neuropathic pain and there is no documentation of acute exacerbation of the pain. Dosing recommendations state no longer than 2-3 weeks. The requested prescription is for 250ml, at 5ml per dose allows for 50 doses. If the patient uses the medication twice a day, this would allow more than the 2-3 week recommendation. Additionally, it is unclear why the employee is unable to take a pill or capsule orally, and as such, the request for Tabradol 1 mg/ml oral suspension 250 ml is not medically necessary and is not medically necessary.

PRESCRIPTION OF DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML (FOR TREATMENT OF THE CERVICAL SPINE, LUMBAR SPINE, AND RIGHT SHOULDER): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Treatment Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Chronic Pain -Medical Food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68-69.

Decision rationale: As per CA MTUS guidelines, Deprezine suspension contains Ranitidine, an H2 receptor antagonist which can be considered when there is concurrent use of SSRI's and NSAIDs which have excess relative risk of serious upper GI events. Records submitted revealed no documentation of subjective or objective GI events or ulcers to warrant the use of this medication. Additionally, it is unclear why the employee is unable to take a pill or capsule orally. Therefore, the request for Deprezine is not medically necessary and appropriate.

PRESCRIPTION OF DICOPANOL 5MG/ML ORAL SUSPENSION 150ML (FOR TREATMENT OF THE CERVICAL SPINE, LUMBAR SPINE, AND RIGHT SHOULDER): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Treatment Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Chronic Pain -Medical Food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, and Insomnia Treatment.

Decision rationale: The CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, Dicopanol (diphenhydramine) is sedating antihistamines have been suggested for sleep aids. Further guidelines indicate "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance". The records provided do not adequately discuss the patient's insomnia and justification for diphenhydramine use which fits within guidelines. Therefore, the request for Dicopanol 5 mg/ml 150 ml is not medically necessary.

PRESCRIPTION OF FANATREX 25MG/ML ORAL SUSPENSION 420 ML (FOR TREATMENT OF THE CERVICAL SPINE, LUMBAR SPINE, AND RIGHT SHOULDER): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Treatment Guidelines (ODG), Treatment Index, 11th Edition (Web), 2013, Chronic Pain -Medical Food.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 18-19.

Decision rationale: Fanatex is a combination of gabapentin and glucosamine sulphate. As per CA MTUS guidelines, gabapentin may be used for a first-line treatment for neuropathic pain. The records review indicates that this patient has neuropathic pain, however, it is unclear why the patient is unable to take pill or capsule orally. The request for Fanatrex 25 mg/ml 420 ml is not medically necessary.

