

Case Number:	CM14-0000281		
Date Assigned:	09/26/2014	Date of Injury:	04/05/2013
Decision Date:	10/27/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/28/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 37-year-old female who reported injury on 04/05/2013. Reportedly the injured worker was at work doing her customary work duties when she slipped and fell on a wet floor, landing on her buttocks. She sustained injuries to low back and both knees. Previous treatment history included x-rays, physical therapy, medications, and MRI studies. The injured worker was evaluated on 11/18/2013 and it was documented the injured worker complained of low back pain rated at 5/10 on the pain scale. Physical examination of the lumbar spine revealed hypertonicity of the lumbar paraspinal muscles bilaterally, spasms were noted bilaterally. There was a positive lumbar facet test on the right and a positive straight leg raise test on the right. Medications include Synapryn 10 mg, Tabradol 1 mg, and Deprizine 15 mg. Diagnoses included radiculopathy right lower extremity, L4-5 lumbar discogenic pain syndrome, SI joint dysfunction bilaterally, bilateral knee sprain/strain and bilateral ankle sprain/strain. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml oral suspension 500ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Tramadol, Page(s): 78 & 113.

Decision rationale: The request for Synapryn 10 mg/1ml oral suspension 500 ml is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines does not recommend tramadol as a first-line oral analgesic. The criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documentation submitted for review there was no a urine drug screen submitted to indicate Opioids compliance for the injured worker. Given the above, the request for Synapryn 10 mg/mL oral suspension 500 mL is not medically necessary.

Tabradol 1mg/ml oral suspension 500ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary. The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Tabradol (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Tabradol to other agents is not recommended. Tabradol -treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Tabradol is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. The request lacked frequency and duration of medication. As such, the request for Tabradol 1 mg/mL oral suspension 500 mL is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request is not medically necessary. Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did not indicate the injured worker having gastrointestinal events. The provider failed to indicate the frequency and quantity medication on the request that was submitted. In addition, the provider failed to indicate long term functional goals or medication pain management outcome measurements for the injured worker. Given the above, the request for Deprizine 15 mg/mL oral suspension 250 mL is not medically necessary.