

<b>Case Number:</b>	CM14-0103741		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 and 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 40 years old female with an injury date on 12/16/2012. Based on the 04/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical disc displacement, unspecified cervical region 2. R/O radiculopathy, cervical region 3. Low back pain 4. Intervertebral disc displacement, lumbar region 5. Radiculopathy, cervical region 6. Unspecified internal derangement, bilateral knee 7. Tear of medial meniscus, current injury, bilateral knee 8. Anxiety 9. Mood disorder 10. Sleep disorder 11. Stress. According to this report, the patient complains of burning, radiating neck and low back pain with muscle spasm. The patient rated the pain as a 7-8/10 for the neck pain and 6-7/10 for the low back pain. The patient also complains of burning bilateral knee pain and muscles that are 7/10 on the right and 5-6/10 on the left. "Medications do offers her temporary relief of pain and improve her ability to have restful sleep. Physical exam reveals tenderness over the suboccipital region, spinal process of the cervical region, the atlas, PSIS, L4-S1 spinous process, medial/lateral joint line of the bilateral knee, and patelloferormal joint bilaterally. Cervical and lumbar ranges of motion are decreased. Cervical distraction test, Apley's compression, and Mc Murray's test are positive. The patient is to return to modified work on 04/14/2014. There were no other significant findings noted on this report. The utilization review denied the request on 06/26/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/23/2013 to 04/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tabradol 1 mg/ml oral suspension 250ml SIG 5 ml 2-3 x a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

**Decision rationale:** According to the 04/14/2014 report by [REDACTED] this patient presents with burning, radiating neck and low back pain with muscle spasm. The treater is requesting Tabradol 1 mg/ml oral suspension 250ml SIG 5 ml 2-3 x a day. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Tabradol 250 ml and it was first mentioned in the 01/17/14 report. Tabradol is not recommended for long term use. Therefore this request is not medically necessary.

**Deprizine 15mg/ml oral suspension 250ml SIG 10ml once a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 04/14/2014 report by [REDACTED] this patient presents with burning, radiating neck and low back pain with muscle spasm. The treater is requesting Deprizine 15mg/ml oral suspension 250ml SIG 10ml once a day. Deprizine was first mentioned in the 01/17/2014 report. The MTUS Guidelines state Deprizine is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report does not show the patient has gastrointestinal side effects with medication use or the patient is on NSIAD. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. Therefore this request is not medically necessary.

**Synapryn 10mg/ml oral suspension SIG 5ml 3 x a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids Page(s): 60, 61 ; 88, 89: 80, 81.

**Decision rationale:** According to the 04/14/2014 report by [REDACTED] this patient presents with burning, radiating neck and low back pain with muscle spasm. The treater is requesting Synapryn (Tramadol) 10mg/ml oral suspension SIG 5ml 3 x a day. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Synapryn was first mentioned in the 01/17/14 report; it is unknown exactly when the patient initially started taking this medication. Review of records from 12/23/2013 to 04/14/2014 shows that the patient is to return to modified work on the date of the report; however there were no discussion of the patient's current work status. The reports show numerical scale to assessing the patient's pain levels but no assessment of the patient's average pain, with and without medication. There are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Synapryn. MTUS require not only anagesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore this request is not medically necessary.