

<b>Case Number:</b>	CM14-0011705		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/23/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Family Practice 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:

32 yr. old male claimant sustained a work injury on 3/27/12 involving the left lower extremity; He had developed severe left tibial axonal neuropathy. He had undergone a left knee arthroscopy (in 2012) and had residual left knee pain. An exam report on 4/29/13 indicated he had pain and effusion in the left knee with tenderness over the medial joint line. The treating physician had prescribed oral NSAID (Deprizine), sleeping agents (Dicopanol), Gabapentin, Synapryn (Tramadol), Tabradol, Cyclophene (Muscle relaxant), Deprizine (H2 blocker for gi prophylaxis), and topical ketoprofen. He had taken these medications for several months a recent letter from the treating physician in December 2013 requested continuation of Synapryn, Cyclophene, and Deprizine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE DOS: 2/1/13: SYNAPRYN 10MG/ML, 500ML ORAL SUSPENSION:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- OPIATES, ,

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

**Decision rationale:** In this case, the claimant had been using oral suspension Tramadol for nearly a year. There is no indication for use of Tramadol in oral suspension. In addition, it is intended for short-term use. There is no clinical information supporting its current use and subjective effect on pain. Synapryn is not medically necessary.

**RETROSPECTIVE DOS: 2/1/13: TABRADOL 1MG/ML, 250ML ORAL SUSPENSION:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- NON-STEROIDAL ANTI-INFLAMMATORIES, ,

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

**Decision rationale:** Cyclobenzaprine is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, cyclobenzaprine is added with other agents. It is being used for knee pain. Its use has been for an extended time frame- beyond short term use. There is also no specific indication or an oral formulation. Tabradol is not medically necessary.

**RETROSPECTIVE DOS: 2/1/13: DEPRIZINE 15MG/ML, 250ML ORAL SUSPENSION:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- PROTON PUMP INHIBITORS (PPIs), ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Deprizine is not a proton pump inhibitor. Specific use of H2 blockers are not supported for prophylaxis with use of NSAIDs. Therefore, the continued use of Deprizine is not medically necessary.