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| Case Number: | CM14-0014200 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 03/31/2006 |
| Decision Date: | 08/19/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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 Neurological Surgery 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 records presented for review indicate that this 46-year-old individual was injured in March, 2006. The current complaints include decreased sensation, decreased motor function, and tenderness to palpation in the periarticular region of the shoulder. Additionally, chiropractic care was delivered. Electrodiagnostic studies identified a multiple level radiculopathy. There are ongoing complaints of low back pain, and pain interferes with falling asleep and staying asleep. These medications cause daytime drowsiness and there is some difficulty with sexual functioning. The pain has been described as intense and constant. The physical examination notes this 5'3", 120 pound individual to be normotensive. The problems noted are headache, cervical, thoracic and lumbar sprains, and lumbar disc herniation with radiculopathy, muscle spasm and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNAPRYN 10MG/1ML 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 Tramadol
Page(s): 77 OF 127.

Decision rationale: This preparation is a combination of the medication tramadol and glucosamine. This particular combination is not addressed in the MTUS, ODG or other guidelines. However, a default to the primary ingredient (tramadol) was pursued. This is a semisynthetic opioid and the criterion for using opioid medications are markedly limited. A review of the progress notes presented did not indicate any efficacy, utility or functional improvement with the use of this medication. Furthermore, there is no data presented to suggest the need for an Oral suspension as opposed to tablet form. Therefore, based on the limited clinical information presented to support this request, this request is not medically necessary.

TABRADOL 1MG/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 Flexeril Page(s): 48 OF 127.

Decision rationale: This is an oral suspension medication containing the drug cyclobenzaprine. There is no specific notation within the MTUS, ODG or national guidelines clearinghouse relative to the suspension. As such, the basic component, cyclobenzaprine, was used as a basis for the termination. This medication is indicated for short-term use only. There is no chronic application for this indication. As such, there is insufficient clinical data presented to support this request.

FANATREX 25MG/ML ORAL SUSPENSION 420ML: 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 Gabapentin Page(s): 16 OF 127.

Decision rationale: This Oral suspension is basically the medication gabapentin and the parameters for that preparation are used. The clinical indication for this medication is neuropathic pain. It is noted that this Oral suspension is not listed in the MTUS, ODG or other treatment guidelines. Furthermore, there is no data presented why an oral form of this medication cannot be used. Lastly, the only clinical indication is neuropathic pain and based on the clinical data presented, this is not the pain generator noted. As such, this insufficient clinical evidence presented does not support this request.

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 NSAIDS Page(s): 68 OF 127.

Decision rationale: This Oral suspension is essentially a protein pump inhibitor. The parameters for protein pump inhibitors as outlined in the MTUS are used. Such a medication is useful in the treatment of gastrointestinal reflux disease; however, there is objectification that this malady is present. Furthermore, it is not clear why an oral suspension is required as opposed to tablet form. Therefore, when noting the parameters for a protein pump inhibitor as outlined in the MTUS, there is insufficient clinical data presented to support this request.

CAPSAICIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 OF 127.

Decision rationale: The use of topical medication/analgesics are noted to be largely experimental and there is limited clinical data in a literature to support this. Furthermore, such topicals are limited to the use of neuropathic pain generators which appears to be the case here; however, there is no documentation of any efficacy or utility with this transdermal delivery model. Therefore, based on the clinical information presented for review, there is insufficient data to support this request.

TRAMADOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 77 OF 127.

Decision rationale: This is a semisynthetic opioid and the criterion for using opioid medications is markedly limited. A review of the progress notes presented did not indicate any efficacy, utility or functional improvement with use of this medication. Therefore, based on the limited clinical information presented to support this request, it is not medically necessary.

MENTHOL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111- OF 127.

Decision rationale: This is a topical preparation noted to be largely experimental and the progress notes do not reflect any efficacy or utility in alleviating the symptomology. While noting this is primarily for neuropathic type pain, the lack of any response would preclude any continued use. As such, this is not clinically indicated.

18 ACUPUNCTURE VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: When noting the date of injury, the prior interventions, the treatment rendered and lack of improvement, there is insufficient clinical data presented to support this request. Furthermore, the parameters outlined in the acupuncture guidelines do not support this amount of business. Therefore, this is not clinically indicated.

18 PHYSICAL THERAPY VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: When noting the date of injury, the injury sustained, the multiple treatments and interventions already completed tempered by the current physical examination and taking into account the parameters noted in the MTUS relative to physical therapy, there is insufficient clinical data presented to suggest the need for a six-week protocol of physical therapy. At most, transition to a home exercise protocol is all that would be supported.

18 CHIROPRACTIC VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58 OF 127.

Decision rationale: A short course of chiropractic or manual manipulative therapies can be supported in a chronic pain situation. However, the progress note required that several sessions be accomplished and then the efficacy of such interventions be established. A total of 18 visits can be endorsed only after there is a measured positive response. Therefore, based on the data, there is insufficient clinical information presented to support this request.

PAIN MANAGEMENT REFERRAL: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations.

Decision rationale: When noting the treatment rendered, this individual has been through a number of evaluations. An additional pain medicine consultation would not add any efficacy or utility to the current situation. There is no indication for a psychological intervention, and as such, there is no data presented to support this request.

DICOPANOL 5MG/ML ORAL SUSPENSION 150 ML: Overturned

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

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 updated, 2014.

Decision rationale: This Oral suspension is essentially the medication Benadryl. This is a non-sedating, non-habit-forming aid to sleep. Given the chronic pain situation and the reported complaints of sleep issues, there is a clinical indication for this suspension.