

<b>Case Number:</b>	CM14-0014432		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	09/10/2008
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Occupational Medicine, 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:

Injured worker is a female with date of injury 9/10/2008. According to the special comprehensive orthopedic consultation report for established patient, the injured worker continues to complain of headaches, however they have somewhat subsided. She complains of worsening burning, radicular neck pain radiating down the left upper extremity, associated with numbness and tingling Her pain is described as constant and moderate. She rates the pain as 5-7/10. The pain is aggravated by looking up, looking down, and side to side as well as repetitive motion of the head and neck. She is status post left shoulder arthroscopy and continues to complain of burning left shoulder pain radiating down the arm to the fingers, associated with muscle spasms. She rates her pain as 5-7/10. Her pain is described as constant, moderate to severe. The pain is aggravated by gripping, grasping, reaching, pulling, lifting and doing work at or above the shoulder level. Her pain is also aggravated by activities of daily living such as getting dressed, cooking, doing laundry and performing personal hygiene. She states that any type of movement which requires her to turn to the left causes her left arm to fall asleep. She complains of worsening burning, radicular low back pain. She rates the pain as 5-7/10. Her pain is described as constant, moderate to severe. The pain is associated with numbness and tingling of the bilateral lower extremities. It is aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping. She states that medications, patches and creams do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. On exam, there is tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles. Cervical spine range of motion is reduced in all planes bilaterally. Cervical distraction and cervical compression tests are positive bilaterally. Left shoulder is tender to palpation at the trapezius, levator scapula, supraspinatus and rhomboid muscles. Left shoulder

range of motion is reduced in all planes. Neer's impingement sign is positive on the left. Sensation to pinprick and light touch is slightly diminished over C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Motor strength is 4/5 in bilateral upper extremities. Lumbar spine is tender to palpation over the lower lumbar spine with evidence of paravertebral spasms. Lumbar range of motion is reduced in all planes. Seated straight leg raise is negative bilaterally. Sensation to pinprick and light touch is slightly diminished over the L5 and S1 dermatomes in the bilateral lower extremities. Diagnoses include 1) headaches, improving 2) cervicgia 3) cervical radiculopathy 4) status post left shoulder arthroscopy with residual pain 5) lumbago 6) lumbar radiculopathy.

### **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 Opioids for Neuropathic Pain Section and Opioids, Specific Drug List Section Page(s): 82-83, 93-.

**Decision rationale:** Synapryn is an oral suspension of tramadol. The Chronic Pain guidelines state that tramadol is not recommended as a first-line oral analgesic. There is no medical documentation to support the use of tramadol, or an oral suspension of tramadol, provided by the requesting provider. The request for one (1) prescription Synapryn 10 mg/mL oral suspension 500 mL is determined to not be 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 Cyclobenzaprine Section Page(s): 41-42, 63-64.

**Decision rationale:** Tabradol is cyclobenzaprine in oral suspension. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The use of cyclobenzaprine is only recommended as an option, using a short course of therapy with the greatest effect in the first four (4) days of treatment. The injured worker has pain from an injury that occurred over 7 years ago, and there is no indication in the history of an acute exacerbation that may benefit from the use of a muscle relaxant. The request for one (1) prescription Tabradol 1 mg/mL oral 250 mL is determined to not be medically necessary.

#### **DEPRIZINE 15 MG 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, GI Symptoms & Cardiovascular Risk section Page(s): 68-69.

**Decision rationale:** Deprizine contains ranitidine hydrochloride in an oral suspension. Ranitidine is an H2 receptor antagonist. The Chronic Pain guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs (non-steroidal antiinflammatory drugs). There is no indication that the injured worker is at increased risk of a gastrointestinal event as she is 47 years old with no additional criteria as listed in the guidelines. Additionally, the only NSAID that the injured worker has been prescribed is topical ketoprofen, which alone is not sufficient to support the use of ranitidine. The request for one (1) prescription Deprizine 15 mg/mL oral suspension 250 mL is determined to not be medically necessary.

**DICOPANOL (DIPHENHYDRAMINE) 5MG/ML ORAL SUSPENSION:** Upheld

**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), Pain Chapter, Insomnia section

**Decision rationale:** Dicopanol is an oral suspension of diphenhydramine, and is prescribed by the treating physician as a sleep aid for insomnia. According to the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for dicopanol 5 mg/mL oral suspension 150 mL is determined to not be medically necessary.