

<b>Case Number:</b>	CM14-0111286		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 50-year-old male who reported injury on 03/28/2012. Reportedly, he was involved in a work related accident as a result of which he sustained injuries to the head, neck, right shoulder, right arm, and low back. In the process of loading metal plates onto the flatbed of his tow truck, he indicated that there was some type of debris on the plates, and when he went to grasp the plates, he slipped and lost his grip falling off the bed, off the tow truck, and onto the floor. The injured worker's treatment history included medications, 2 sessions of physical therapy, MRI studies. The injured worker was evaluated on 08/12/2014, it was documented the injured worker complained of right shoulder pain, as well as low back pain radiating to the right leg. He has had a right shoulder surgery for an alleged fracture, 1 or 2 days after the injury. He described the pain as worse with an overhead manipulation. Physical examination revealed there was tenderness to palpation over the paraspinal musculature. Inspection revealed normal lordosis. Flexion was 60/60 degrees and extension was 25/25 degrees. Left bend was 25/25 degrees. There was no tenderness to palpation over the spinous processes. Sensation was intact in all dermatomes. Negative heel to toe and reflexes are +2 in biceps, triceps, and brachioradialis. The right shoulder had a positive Neer's sign as well as sensation intact in all dermatomes. There was +2 reflexes in the patellae and Achilles, negative Achilles clonus, and negative straight leg raise test. Medications included metformin, BenzePro, and Lantus. In the documentation submitted, the injured worker has using these medications as follows: Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex; since approximately 12/2013. Diagnoses included right shoulder impingement syndrome, open reduction and internal fixation, and lumbar radiculitis The Request for Authorization dated 08/26/2014 was for Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Synapryn 10 mg:** 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 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guideline 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 duration or quantity. In addition, there lack of evidence of outcome measurements of conservative care such as, medication pain management outcome improvements noted for the injured worker. The documentation submitted failed to include a urine drug screen for opioids compliance for the injured worker. The request submitted failed to indicate frequency and duration of medication. Given the above, the request for Synapryn 10 mg is not medically necessary.

### **Tabradol 1 mg:** 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:** The requested service is not medically necessary. According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (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 Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked evidence of outcome measurements of conservative care such as medication pain management. There was lack of documentation provided on his long term-goals of functional improvement. In addition, the request lacked frequency, quantity and duration of the medication. As such, the request for Tabradol 1mg is not medically necessary.

**Deprizine 15 mg:** 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. Deprizine is recommended for patients taking non-steroidal anti-inflammatory drugs (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 15mg is not medically necessary.

**Dicopanol 5 mg:** 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 (Chronic) Insomnia Treatment.

**Decision rationale:** The request is not medically necessary. According to Official Disability Guidelines (ODG) state that over-the-counter medications such as Dicopanol are sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. The documents submitted for review failed to indicate the long-term functional goals for the injured worker to include medication management. The request failed to indicate frequency, quantity and duration of medication. As such, the request for Dicopanol 5 mg is not medically necessary.

**Fanatrex 25 mg.:** 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.

**Decision rationale:** The request for Fenatrex 25 mg is not medically necessary. The California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency, quantity or duration for this medication. Therefore, the request is not medically necessary.