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| Case Number: | CM14-0142843 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/30/2012 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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 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:

This patient sustained an injury on 9/30/12 while employed by [REDACTED]. Request(s) under consideration include Tabradol (unspecified), Capsaicin (unspecified), and Synapryn (unspecified). Diagnoses include right shoulder SLAP tear/ bicipital tendinitis/ rotator cuff syndrome; post-traumatic osteoarthritis of AC and glenohumeral joint. Report of 7/3/14 from the provider noted the patient with chronic ongoing right shoulder pain rated at 7-8/10 radiating down arm and fingers with associated spasm. Exam showed unchanged continued right shoulder with tenderness; limited range; positive impingement tests; decreased right grip strength; intact sensation over C5-T1 dermatomes. Treatment included medication refills. The request(s) for Tabradol (unspecified), Capsaicin (unspecified), and Synapryn (unspecified) were non-certified on 8/20/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, it is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated spasm or specific neurological deficits to support for continued use of a muscle relaxant for this 2012 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant has not been adequately addressed to warrant continued treatment regimen. MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Tabradol (unspecified) is not medically necessary and appropriate.

Capsaicin (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical, Topical Analgesics Page(s): 28-29, 111-113.

Decision rationale: Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Submitted reports have not demonstrated indication for Capsaicin with unspecified dosing, failed conservative treatment or intolerance to oral medications. The Capsaicin (unspecified) is not medically necessary and appropriate.

Synapryn (unspecified): 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 Page(s): 74-96.

Decision rationale: Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. In addition,

submitted reports have not adequately demonstrated the specific indication to support for Synapryn oral suspension with active ingredient, Tramadol over oral pills. Synapryn (unspecified) is not medically necessary and appropriate.