

Case Number:	CM14-0144239		
Date Assigned:	09/12/2014	Date of Injury:	04/06/2012
Decision Date:	11/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine & 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 54 year-old patient sustained an injury on 4/6/12 while employed by [REDACTED]. Request(s) under consideration include Tabradol 1 tsp. (5ml) x 2 -3, Deprizine 2tsp (250ml), and Synapryn 1tsp (500ml). Diagnoses include cervical radiculopathy/ multilevel HNP/ DDD; bilateral shoulder impingement/ rotator cuff tear/ tenosynovitis/ AC joint osteoarthropathy; left elbow sprain/strain; right elbow common extensor tendon tear/ lateral epicondylitis; thoracic multilevel HNP/ DDD; right knee OA/ sprain/ strain/ right knee chondromalacia patellae/ medial meniscal tear; bilateral wrist subchondral cyst; headaches; plantar fasciitis; anxiety/mood/sleep disorders; and abdominal discomfort. Report of 7/14/14 from the provider noted ongoing chronic radicular neck and mid back pain rated at 8/10; bilateral shoulder pain radiating to arms and fingers associated with spasm rated at 8/10; bilateral elbow pain at 5/10 and wrist pain at 5/10 with knee pain at 7/10 and foot pain 8-9/10. Exam showed diffuse tenderness, limited range in joints and spine with positive provocative testing in shoulders, wrists, hands, and knees; normal motor strength with diffuse decreased sensation in upper extremities; intact sensation and motor in lower extremities. The request(s) for Tabradol 1 tsp. (5ml) x 2 -3, Deprizine 2tsp (250ml), and Synapryn 1tsp (500ml) were non-certified on 8/7/14 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 1 tsp (5ml) x 2 -3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

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

Decision rationale: This 54 year-old patient sustained an injury on 4/6/12 while employed by [REDACTED]. Request(s) under consideration include Tabradol 1 tsp. (5ml) x 2 -3, Deprizine 2tsp (250ml), and Synapryn 1tsp (500ml). Diagnoses include cervical radiculopathy/ multilevel HNP/ DDD; bilateral shoulder impingement/ rotator cuff tear/ tenosynovitis/ AC joint osteoarthopathy; left elbow sprain/strain; right elbow common extensor tendon tear/ lateral epicondylitis; thoracic multilevel HNP/ DDD; right knee OA/ sprain/ strain/ right knee chondromalacia patellae/ medial meniscal tear; bilateral wrist subchondral cyst; headaches; plantar fasciitis; anxiety/mood/sleep disorders; and abdominal discomfort. Report of 7/14/14 from the provider noted ongoing chronic radicular neck and mid back pain rated at 8/10; bilateral shoulder pain radiating to arms and fingers associated with spasm rated at 8/10; bilateral elbow pain at 5/10 and wrist pain at 5/10 with knee pain at 7/10 and foot pain 8-9/10. Exam showed diffuse tenderness, limited range in joints and spine with positive provocative testing in shoulders, wrists, hands, and knees; normal motor strength with diffuse decreased sensation in upper extremities; intact sensation and motor in lower extremities. The request(s) for Tabradol 1 tsp. (5ml) x 2 -3, Deprizine 2tsp (250ml), and Synapryn 1tsp (500ml) were non-certified on 8/7/14. 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 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 1 tsp. (5ml) x 2 -3 is not medically necessary and appropriate.

Deprizine 2tsp (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 GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 54 year-old patient sustained an injury on 4/6/12 while employed by [REDACTED]. Request(s) under consideration include Tabradol 1 tsp. (5ml) x 2 -3, Deprizine 2tsp (250ml), and Synapryn 1tsp (500ml). Diagnoses include cervical radiculopathy/ multilevel HNP/ DDD; bilateral shoulder impingement/ rotator cuff tear/ tenosynovitis/ AC joint osteoarthopathy; left elbow sprain/strain; right elbow common extensor tendon tear/ lateral epicondylitis; thoracic multilevel HNP/ DDD; right knee OA/ sprain/ strain/ right knee

chondromalacia patellae/ medial meniscal tear; bilateral wrist subchondral cyst; headaches; plantar fasciitis; anxiety/mood/sleep disorders; and abdominal discomfort. Report of 7/14/14 from the provider noted ongoing chronic radicular neck and mid back pain rated at 8/10; bilateral shoulder pain radiating to arms and fingers associated with spasm rated at 8/10; bilateral elbow pain at 5/10 and wrist pain at 5/10 with knee pain at 7/10 and foot pain 8-9/10. Exam showed diffuse tenderness, limited range in joints and spine with positive provocative testing in shoulders, wrists, hands, and knees; normal motor strength with diffuse decreased sensation in upper extremities; intact sensation and motor in lower extremities. The request(s) for Tabradol 1 tsp. (5ml) x 2 -3, Deprizine 2tsp (250ml), and Synapryn 1tsp (500ml) were non-certified on 8/7/14. Deprizine has active ingredient, Ranitidine, a medication prescribed for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Ranitidine namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment nor any indication that require medication to be in an oral suspension form. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with this oral suspension. Deprizine 2tsp (250ml) is not medically necessary and appropriate.

Synapryn 1tsp (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, On-Going Management. Actions Should Include Page(s): 74-96.

Decision rationale: This 54 year-old patient sustained an injury on 4/6/12 while employed by [REDACTED]. Request(s) under consideration include Tabradol 1 tsp. (5ml) x 2 -3, Deprizine 2tsp (250ml), and Synapryn 1tsp (500ml). Diagnoses include cervical radiculopathy/ multilevel HNP/ DDD; bilateral shoulder impingement/ rotator cuff tear/ tenosynovitis/ AC joint osteoarthropathy; left elbow sprain/strain; right elbow common extensor tendon tear/ lateral epicondylitis; thoracic multilevel HNP/ DDD; right knee OA/ sprain/ strain/ right knee chondromalacia patellae/ medial meniscal tear; bilateral wrist subchondral cyst; headaches; plantar fasciitis; anxiety/mood/sleep disorders; and abdominal discomfort. Report of 7/14/14 from the provider noted ongoing chronic radicular neck and mid back pain rated at 8/10; bilateral shoulder pain radiating to arms and fingers associated with spasm rated at 8/10; bilateral elbow pain at 5/10 and wrist pain at 5/10 with knee pain at 7/10 and foot pain 8-9/10. Exam showed diffuse tenderness, limited range in joints and spine with positive provocative testing in shoulders, wrists, hands, and knees; normal motor strength with diffuse decreased sensation in upper extremities; intact sensation and motor in lower extremities. The request(s) for Tabradol 1 tsp. (5ml) x 2 -3, Deprizine 2tsp (250ml), and Synapryn 1tsp (500ml) were non-certified on 8/7/14. 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 1tsp (500ml) is not medically necessary and appropriate.