

Case Number:	CM14-0147216		
Date Assigned:	09/15/2014	Date of Injury:	12/05/2013
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/10/2014

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 Neurology and is licensed to practice in Texas, Ohio and Massachusetts. 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 41 year old female, who reported an injury on 12/05/2013 due to repetitive duties. Her diagnoses include cervical spine sprain, cervical spine radiculopathy, bilateral shoulder sprain, and sleep disorder. Her past treatments included physical therapy and medications. On 07/17/2014, the injured worker reported headaches, bilateral shoulder pain, neck pain, and spasms, rated 4/10. It was noted that she also reported that her medications offered temporary relief of her pain and improved ability to sleep. On physical examination, her motor strength values were 4/5 in all represented muscle groups in the bilateral upper extremities. Deep tendon reflexes were 2+ and symmetrical. Range of motion in the upper extremities was slightly below normal values in all planes. The treatment plan included prescriptions for Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, and Flurbiprofen. A request was received for Synapryn 10 mg/ml # 500 ml, Tabradol oral suspension, and Fanatrex 25 mg/ml # 420 ml. The rationale for the request is not clearly stated. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10 mg/ml # 500 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Synapryn contains tramadol and glucosamine. The California MTUS Guidelines state monitoring of that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain level; the least reported pain over a period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; how long pain relief lasts. The documentation submitted for review indicates the use of unspecified medications offered temporary relief. However, there was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS scale, average pain, and intensity of pain or longevity of pain relief. There was also no evidence of increased function, the absence of adverse effects and aberrant behavior, and consistent results on a urine drug screen to verify medication compliance. In the absence of this documentation, the use of Synapryn is not supported by the guidelines. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request of Synapryn 10 mg/ml # 500 ml is not medically necessary and appropriate.

Tabradol oral suspension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL LIBRARY OF MEDICINE

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

Decision rationale: Tabradol contains cyclobenzaprine and methysulfonylmethane. The California MTUS Guidelines state cyclobenzaprine may be recommended for the short-term, 2-3 weeks, treatment of pain and/or muscle spasm. The injured worker was noted to have pain and spasm. However, the documentation did not indicate how long she had been using this medication and there was no quantified information regarding pain relief and increased function with use. In the absence of this documentation, the continued use of this medication is not supported by the guidelines. Additionally, the request, as submitted, did not specify a frequency of use, quantity, or dose. As such, the request of Tabradol oral suspension is not medically necessary and appropriate.

Fanatrex 25 mg/ml # 420 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: Gabapentin is the essential component of Fanatrex. The California MTUS Guidelines state that documentation for pain relief, side effects and improvement of function gained with use is needed to justify the continuation of gabapentin for neuropathic pain. Documentation from the last two assessments do not support evidence of functional improvement and there was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS scale, average pain, and intensity of pain or longevity of pain relief. In the absence of this documentation, the continued use of Fanatrex is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request Fanatrex 25 mg/ml # 420 ml is not medically necessary and appropriate.