

Case Number:	CM14-0165427		
Date Assigned:	10/14/2014	Date of Injury:	11/27/2013
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 37-year-old female with a date of injury of 11/27/2013. The listed diagnoses per [REDACTED] are: 1. Cervicalgia. 2. Pain in thoracic spine. 3. Low back pain. 4. Radiculopathy lumbar region. According to progress report 07/23/2014, the patient presents with complaints of burning radicular neck, midback, and low back pain with muscle spasms. The patient states that symptoms persist, but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any side effects with medications. Examination of the cervical spine revealed tenderness to palpation at the suboccipital region and over both trapezius muscles. Range of motion is decreased on all planes. Examination of the lower back revealed tenderness with spasm in the lumbar paraspinal muscles and over the lumbosacral junction. Range of motion was decreased on all planes. Periodic urine tox screens are administered for compliance. It was noted the patient is currently not working. The treating physician is requesting refill of medications, physical therapy, chiropractic visits, and acupuncture treatments. Utilization review denied the request on 09/25/2014. Treatment reports from 03/18/2014 through 07/23/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn, DOS 07/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

Decision rationale: This patient presents with radiating neck and low back pain with muscle spasms. The request is for Synapryn. The treating physician states that Synapryn contains Tramadol and Glucosamine and is commonly used to treat neuropathic/fibromyalgia pain. There is no dosage or suggested duration of use. The MTUS Guidelines page 93,94 states a small class of synthetic opioids, for example, Tramadol exhibits opiates activity and a mechanism of action that inhibits the re uptake of serotonin and norepinephrine. Central analgesic drugs such as Tramadol are reported to be effective in managing neuropathic pain. Given the patient's continued pain, a synthetic opioid like Tramadol may be warranted. However, the treating physician is requesting Synapryn, a compound drug with Tramadol and glucosamine without specifying the reason why both are needed. Glucosamine is indicated for painful arthritis of the knee which this patient does not suffer from. The request is not medically necessary.

Deprizine, DOS 07/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: This patient presents with radiating neck and low back pain with muscle spasms. The treating physician is requesting Deprizine. There is no dosage or suggested duration of use. Deprizine is a histamine H2-blocker. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of this medication. Furthermore, the treating physician provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that requires the use of a histamine H2-blocker. The request is not medically necessary.

Dicoprofol, DOS 07/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 online for Insomnia treatment (<http://www.odg-twc.com/odgtwc/pain.htm#Insomniatreatment>)

Decision rationale: This patient presents with radiating neck and low back pain with muscle spasms. The treating physician is requesting Dicopanol. Treating physician states that Dicopanol sedative properties make it a great alternative for patient's insomnia. The MTUS, ACOEM, and ODG guidelines do not discuss Dicopanol. ODG guidelines have the following regarding anti-Histamine for insomnia: (4) Over-the-counter medications: 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. ODG states that tolerance develops within a few days. It is not intended for a long-term use and the treating physician does not provide dosage or recommended duration of use. The treating physician also does not discuss whether or not this medication has been helpful in managing insomnia. The request is not medically necessary.

Tabradol, DOS 07/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with radiating neck and low back pain. The treating physician is requesting Tabradol. Tabradol contains Cyclobenzaprine, Methylsulfonylmethane and other proprietary ingredients. The MTUS Guidelines page 64 states Cyclobenzaprine is recommended for short course of therapy, limited mixed evidence does not allow for recommendation for chronic use. There is no dosage or suggested duration of use. In this case, the treating physician does not indicate that this is for short term management of spasm or acute pain. The request is not medically necessary.

Fanatrex, DOS 07/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18-19.

Decision rationale: This patient presents with radiating neck and low back pain and muscle spasms. The treating physician is requesting Fanatrex. The medical file provided for review does not include dosing or the recommended duration of use. The treating physician states Fanatrex contains gabapentin. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." This patient suffers from cervical and lumbar radiculopathy and Gabapentin

is indicated for neuropathic pain. The medical file provided for review does not include dosing or the recommended duration of use. Open-ended prescriptions cannot be supported. The request is not medically necessary.

Ketoprofen cream, DOS 07/23/2014: 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 topical creams, topical analgesics Page(s): 111.

Decision rationale: This patient presents with radiating neck and low back pain and muscle spasms. The treating physician is requesting a Ketoprofen cream. There is no dosage or suggested duration of use. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Furthermore, non-FDA approved agents like Ketoprofen is not recommended for any topical use. The request is not medically necessary.

Physical Therapy, 3 x 6, to the Cervical and Thoracic Spine, DOS 07/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with radiating neck and low back pain with muscle spasms. The treating physician is requesting physical therapy 3 times a week for 6 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes recent treatment history including acupuncture and chiropractic treatment. There is no indication of physical therapy. Given the patient's continued complaints of pain, a course of 10 sessions may be warranted, but the treating physician's request for 18 sessions exceeds what is recommended by MTUS. The request is not medically necessary.

Chiropractic Therapy, 3 x 6, to the Cervical, Thoracic, and Lumbar Spine, DOS 07/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 30, 58.

Decision rationale: This patient presents with radiating neck and low back pain with muscle spasms. The treating physician is requesting chiropractic therapy 3 times a week for 6 weeks. For manual therapy, the MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, review of the medical file includes billing dates for chiropractic treatment which included 31 treatments. The treatment progress reports were not provided, so it is unclear if there was functional improvement from these treatments. It appears the patient has had ample chiropractic care and the treating physician does not discuss functional improvement from prior treatment. Therefore, recommendation for additional therapy cannot be made. The request is not medically necessary.

Acupuncture, 3 x 6 to the Cervical and Thoracic Spine, DOS 07/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with radiating neck and low back pain with muscle spasms. The treating physician is requesting acupuncture 3 times a week for 6 weeks. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. Review of the medical file does not include acupuncture treatment reports, but there are billing dates which indicate the patient underwent 14 acupuncture treatments between 03/25/2014 through 05/24/2014. For additional treatment, MTUS requires functional improvement as defined by labor code 9792.20(e) as significant improvement in ADL's, or change in work status AND reduced dependence on medical treatments. Given the treating physician has not documented functional improvement, additional sessions cannot be supported. The request is not medically necessary.