

Case Number:	CM14-0181208		
Date Assigned:	11/06/2014	Date of Injury:	07/28/2005
Decision Date:	12/12/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 28, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; unspecified amounts of physical therapy; topical compounds and oral suspension. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve a request for Synapryn oral suspension along with a Tabradol oral suspension. The applicant's attorney subsequently appealed. In a June 19, 2014 progress note, the applicant reported ongoing complaints of low back pain with derivative issues with anxiety and muscle spasms. Additional acupuncture, physical therapy, and manipulative therapy were sought. It was suggested that the applicant was working. Several oral suspensions and topical compounds were endorsed on September 23, 2014 and September 26, 2014, including Tabradol and Synapryn at issue, along with ketoprofen containing topical compounded cream, cyclobenzaprine containing topical compounded cream, and Fanatrex. The applicant presented with primary complaints of mid and low back pain, 6 to 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/1ml, Oral Suspension #500mg: 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 Glucosamine Page(s): 50. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide

Decision rationale: Synapryn, per the National Library of Medicine (NLM), is an amalgam of tramadol and glucosamine. While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended in the treatment of arthritis and, in particular, knee arthritis, in this case, however, the applicant's primary pain generator is, in fact, the low back. There was no mention that the applicant is carrying any diagnosis of arthritis or knee arthritis for which glucosamine would be indicated. Since the glucosamine ingredient of the Synapryn amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request was not medically necessary.

Tabradol 1mg/1ml, Oral Suspension #250mg: 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine (NLM)

Decision rationale: Tabradol, per the National Library of Medicine (NLM), is a compounded amalgam of cyclobenzaprine and MSM. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.