

Case Number:	CM14-0020007		
Date Assigned:	04/30/2014	Date of Injury:	07/29/2011
Decision Date:	07/23/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 42-year-old male who is reported to have a date of injury of July 29, 2011. The mechanism of injury is reported to be cumulative trauma. Prior treatment has included oral medications, therapy, and lumbar epidural steroid injections. The injured worker currently complains of cervical pain with radiation into the upper extremities, low back pain with radiation, and right knee pain. According to the clinical note dated December 11, 2013 the injured worker reports cervical pain with radiation into the bilateral upper extremities right greater than left. On examination the injured worker has diffuse tenderness throughout the head and neck with decreased cervical range of motion, decreased shoulder range of motion with positive Neer's and Hawkin's tests, diffuse tenderness at the bilateral elbows, positive Phalen's and Finkelstein's tests, mild bilateral knee effusions, positive Apley's, and decreased sensation in the bilateral L5 and S1 distributions. A Utilization Review determination dated January 20, 2014 non-certified requests for Synapryn 10mg/1ml, Tabradol 1mg/1ml, Deprizine 15 mg/ml, Dicopanol 5mg/ml, Fanatrex 25mg/ml, Urine Drug screen, 1 orthopedic consultation, MRI of the bilateral elbows, electrodiagnostics (EMG/NCV) of the upper extremities, and EMG of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF SYNAPRYN 10MG/1ML ORAL SUSPENSION 500 ML:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Synapryn 10 mg/ml oral suspension is not medically necessary. The submitted records report that the injured worker has chronic pain secondary to cumulative trauma. The records provide no clinical rationale for the use of this oral suspension, which contains Tramadol. There is no information to substantiate the need for oral suspension over the pill form. Further, the records do not adequately document the injured workers response to previously prescribed medications. As such, the medical necessity of this request is not established. Therefore, the request is not medically necessary.

ONE (1) PRESCRIPTION OF TABRADOL 1MG/1ML ORAL SUSPENSION 250ML:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The request for Tabradol 1mg/ml is not supported as medically necessary. The records indicate that the injured worker suffers from chronic pain secondary to cumulative trauma. This compounded medication contains Cyclobenziprine. Both the California Medical Treatment Utilization Schedule and Official Disability Guidelines do not support the prolonged use muscle relaxants in the treatment of chronic pain. Further, the most recent examinations fail to document active muscle spasm. Therefore, given the absence of spasm and chronicity of the condition medical necessity as not been established. Therefore, the request is not medically necessary.

ONE (1) PRESCRIPTION OF DEPRIZINE 15MG/ML ORAL SUSPENSION 250 ML:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: The request for Deprizine 15 mg/ml oral suspension is not supported as medically necessary. The submitted records indicate the injured worker reports chronic pain secondary to cumulative trauma. The records do not provide any documentation for the use of oral suspensions or documentation of medication induced gastritis. As such the medical necessity of this request is not established. Therefore, the request is not medically necessary.

ONE (1) PRESCRIPTION OF DICOPANOL 5MG/ML ORAL SUSPENSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump Inhibitors.

Decision rationale: The request for Dicopanol 5 mg/ml oral suspension, which contains diphenhydramine, is not supported as medically necessary. The submitted records indicate the injured worker reports chronic pain secondary to cumulative trauma. The records do not provide any documentation for the use of oral suspensions or documentation of medication induced gastritis to substantiate the use of an antihistamine. As such, the medical necessity of this request is not established. Therefore, the request is not medically necessary.

ONE (1) PRESCRIPTION OF FANATREX 25MG/ML ORAL SUSPENSION 420 ML:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: The request for Fanatrex 25mg/ml is not supported as medically necessary. The submitted records indicate the injured worker has chronic pain secondary to cumulative trauma. The records suggest that there may be a neuropathic/radicular component to the injured workers pain. Oral Gabentin may be indicated. However, there is no data presented to establish the need for an oral suspension. As such, medical necessity for the use of an oral suspension is not established. Therefore, the request is not medically necessary.

ONE (1) URINE DRUG SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for a urine drug screen is recommended as medically necessary. The submitted clinical records indicate the injured worker has chronic pain and largely maintained on oral medications. According to the California Medical Treatment Utilization Schedule periodic urine drug screens are required to assess compliance with the treatment plan and to ensure that the injured worker is not abusing other medications. As such the request is medical necessary.

ONE (1) ORTHOPEDIC SURGEON CONSULTING REGARDING RIGHT KNEE ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page(s) 32.

Decision rationale: The request for orthopedic consult is not supported as medically necessary. The submitted clinical records indicate the injured worker complains of chronic bilateral knee pain as the result of cumulative trauma. The records indicate an MRI of knee of performed on September 24, 2013 was negative for significant pathology and there would be no indication for surgical intervention. Given the lack of pathology on this study specialist referral is not clinically indicated. Therefore, the request is not medically necessary.

ONE (1) MRI OF BILATERAL ELBOWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34,42.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Magnetic Resonance Imaging.

Decision rationale: The request for an MRI of the bilateral elbows is not medically necessary. The records indicate the injured worker has chronic complaints of bilateral elbow pain secondary to cumulative trauma. The objective findings are suggestive of epicondylitis. There is no indication the injured worker has exhausted conservative management for this condition. As such, advanced imaging is not clinically indicated or medically necessary at this time.

ONE (1) NERVE CONDUCTION VELOCITY (NCV) TEST OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The submitted clinical records indicate the injured worker complains of pain radiating into the bilateral upper and lower extremities. Physical examination provides a very mixed clinical presentation that could be indicative of multiple pathologies. An EMG/NCV is clinically indicated to confirm or deny the injured workers subjective complaints and mixed objective findings. Therefore, the request is medically necessary.

ONE (1) ELECTROMYOGRAPHY (EMG) TEST OF THE BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The submitted clinical records indicate the injured worker complains of pain radiating into the bilateral upper and lower extremities. Physical examination provides a very mixed clinical presentation that could be indicative of multiple pathologies. An EMG/NCV is clinically indicated to confirm or deny the injured workers subjective complaints and mixed objective findings. Therefore, the request is medically necessary.

ONE (1) NERVE CONDUCTION VELOCITY (NCV) TEST OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 303-305.

Decision rationale: The submitted clinical records indicate the injured worker complains of pain radiating into the bilateral upper and lower extremities. Physical examination provides a very mixed clinical presentation that could be indicative of multiple pathologies. An EMG/NCV is clinically indicated to confirm or deny the injured workers subjective complaints and mixed objective findings. Therefore, the request is medically necessary.

ONE (1) ELECTROMYOGRAPHY (EMG) TEST OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The submitted clinical records indicate the injured worker complains of pain radiating into the bilateral upper and lower extremities. Physical examination provides a very mixed clinical presentation that could be indicative of multiple pathologies. An EMG/NCV is clinically indicated to confirm or deny the injured workers subjective complaints and mixed objective findings. Therefore, the request is medically necessary.