

<b>Case Number:</b>	CM14-0020018		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 case involves a 38 year-old male with a 1/28/11 cumulative trauma injury involving his left knee. Limited information is available for this IMR According to the 10/2/13 psychiatric QME, the patient injured his left knee at work and was harrassed and developed depression and anxiety. The 6/6/13 chiropractic report notes prior history of left knee and lower back pain, aggravated by the injury. He underwent a couple of surgeries in the left knee and began having back pain and pain in the right knee and problems with sleep. On 12/17/13, [REDACTED] provides a letter of medical necessity for Synapryn, which was denied by UR on 1/13/14, but there is no physical examination or progress reports from [REDACTED]. [REDACTED] states Synapryn is a compound oral suspension containing tramadol, glucosamine and other proprietary ingredients.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE FOR SYNAPRYN FOR THE LEFT KNEE DOS: 12/17/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; GLUCOSAMINE (AND CHONDROITIN SULFATE); TRAMADOL (ULTRAM); OPIOIDS Page(s): 1.

**Decision rationale:** The MTUS Guidelines in general for compounded medications, states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since components of "other proprietary ingredients" are unknown, they cannot be compared against MTUS criteria. Therefore, the retrospective request for Synapryn for the left knee, DOS 12/17/13 is not medically necessary and appropriate.