

Case Number:	CM14-0020744		
Date Assigned:	04/30/2014	Date of Injury:	08/13/2013
Decision Date:	07/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61 year old female who reported an injury on 08/13/2013 secondary to an EKG machine falling on her head. The clinical note dated 12/28/2013 reported the injured worker complained of headaches with pain rated at a 6/10, constant, neck pain, rated at a 7-9/10 aggravated by looking up, down and side to side and left calf pain aggravated by squatting, kneeling, ascending or descending stairs and prolonged positioning. The injured worker reportedly stated the medications offered temporary relief of pain and improve her ability to have restful sleep. The physical examination noted the injured worker was tender to palpation at the cervical paraspinal, spenious and stemocleidomastoid with stiffness noted. There was also tenderness over the spinous process C7. The clinical information, provided for review, stated there was a CT scan of the brain on 08/14/2013 with no acute intracranial hemorrhage or abnormality with mild diffuse volume loss and periventricular whit matter changes and four sessions of physical therapy completed. The request for authorization was submitted on 10/17/2013. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SYNAPRYN 10MG/5ML ORAL SOL #500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Glucosamine Page(s): 80, 50.

Decision rationale: Synapryn includes Glucosamine and Tramadol. The injured worker has a history of chronic neck pain and headaches. The CA MTUS Guidelines states opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks) but also appears limited. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Within the clinical notes, provided for review, it is documented the injured worker has received temporary relief of pain and improved ability to have restful sleep, although, there is a lack of documentation with evidence to suggest the injured worker has maintained an increase in function and quality of life or a continued decrease in pain with the use of this medication. Also, the documentation reviewed fails to give a reason the injured worker would require an oral suspension. In addition, the CA MTUS Guidelines recommend Glucosamine as an option in patients with moderate arthritis pain, especially or knee osteoarthritis. There is no documentation, provided for review, with evidence the injured worker has signs or symptoms related to osteoarthritis. Therefore, the request for Synapryn 10mg/5ml Oral Sol #500mg is not medically necessary.

TABRADOL 1MG/ML ORAL SUSPENSION #250ML: 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 Page(s): 63-66.

Decision rationale: Tabradol includes Cyclobenzaprine. The injured worker has a history of chronic neck pain and headaches. The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines also state Cyclobenzaprine, specifically, is recommended for a short course of therapy. The clinical notes provided for review shows the injured worker has been taking this medication since approximately 10/2013 which exceeds the recommended short-term treatment and the documentation reviewed fails to give a reason the injured worker would require an oral suspension. Further, the most recent clinical note reviewed does not provide evidence the injured worker has any signs and symptoms of low back pain. Therefore, the request for Tabradol 1mg/ml suspension 250ml is not medically necessary.