

Case Number:	CM14-0023667		
Date Assigned:	06/11/2014	Date of Injury:	07/17/2012
Decision Date:	12/03/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/25/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49 year old woman who sustained a work-related injury on July 17, 2012. Subsequently, the patient developed the chronic right shoulder pain. The patient reported right shoulder throbbing pain radiating to the right arm, muscle spasm and pain severity rated the 4/10. The patient underwent right shoulder surgery on December 12, 2013. According to a progress report dated on January 10, 2014, the patient continued to complain of right shoulder pain the patient physical examination demonstrated right shoulder tenderness with limited range of motion and preservation of sensation. The patient was treated with the medications including Tramadol and Cyclobenzaprine. The provider request authorization for Tabradol and Deprizine and Synapryn.

IMR ISSUES, DECISIONS AND RATIONALES

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

TABRADOL 1MG/ML ORAL SUSPENSION 250ML TAKE 1 TSP 2-3 TIMES A DAY FOR MUSCLE SPASMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 93 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Tabradol contains Cyclobenzaprine. According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic shoulder pain and spasm and the prolonged use of Tabradol is not justified. The request is not medically necessary.

DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML TAKE 2 TSP ONCE DAILY FOR GI PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: Deprizine 15mg/ml oral suspension 250ml contains Ranitidine which is a histamine H2 receptor antagonist. According to MTUS guidelines, Ranitidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Deprizine 15mg/ml oral suspension 250ml is not medically necessary.

SYNAPRYN 10MG/1ML ORAL SUSPENSION 500 ML TAKE 1 TSP 3 TIMES A DAY FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Criteria for use of opioids Page(s): 113; 76-79.

Decision rationale: Synapryn (10mg/1ml oral suspension) 500ml contains tramadol and glucosamine. According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medication. There is no clear justification for the need to continue the use of Tramadol. Therefore, the prescription of Synapryn (10mg/1ml oral suspension) 500ml is not medically necessary at this time.