MAXIMUS Federal Services

Case Number:	CM14-0050475		
Date Assigned:	07/02/2014	Date of Injury:	10/12/2013
Decision Date:	08/21/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury on 10/12/13 working as a hotel housekeeper while pushing a linen cart with injuries to the neck, back, shoulders, hips, knees, hands, and arms. She was seen on 11/14/13. She had complaints of pain throughout her spine, shoulders, hands, hips, knees, and arms with pain rated at 6-8/10. Physical examination findings included normal strength and sensation. There were multiple areas of paraspinal muscle tenderness with guarding and spasms. There was decreased and painful spinal range of motion. Diagnoses included cervical/lumbar sprains/strains. Recommendations included electrical stimulation, chiropractic care, traction, TENS, and additional testing/evaluation. She was placed at temporary total disability. EMG/NCS testing on 01/24/14 was normal. On 03/26/14 she had ongoing moderate neck and low back pain, moderate shoulder pain, and mild knee pain. There was decreased and painful cervical and lumbar spine range of motion with muscle tenderness. There was tenderness of the shoulders and knees. Recommendations included the requested medication, and referral for pain management and psychological evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Oral suspension - Synaprynt/Tabradol/Deprizine/Dicopanol/Fanatrex:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Chronic Pain Subsection - Medication-Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60.

Decision rationale: The claimant is 10 months status post work-related injury and continues to be treated for chronic wide spread pain. Being requested is authorization for a medication including multiple ingredients identified as Diphenhydramine, Ranitidine, Gabapentin, Cyclobenzaprine, Tramadol, Glucosamine, dietary supplements, and including proprietary ingredients not otherwise described. In this case, by prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Guidelines recommend that when prescribing medications only one medication should be given at a time. The requested multiple combination medication prescription is therefore not medically necessary.