

Case Number:	CM14-0053838		
Date Assigned:	07/09/2014	Date of Injury:	11/23/2011
Decision Date:	09/03/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/22/2014

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 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 records, presented for review, indicate that this 76-year-old individual was reportedly injured on November 23, 2011. The mechanism of injury was noted as a trip and fall type event. The most recent progress note, dated April 2, 2014 indicated that there were ongoing complaints of cervical, thoracic, lumbar, bilateral shoulder and left knee pains. The physical examination demonstrated a 5'10", 240 pound individual who was hypertensive (157/85). A decrease in cervical spine range of motion was noted. There was tenderness to palpation and muscle spasm reported. The thoracic spine has a full range of motion as was the lumbar spine. There was tenderness to palpation of the lower lumbar region. The diagnosis listed was unchanged. Diagnostic imaging studies were not presented for review. Previous treatment included chiropractic care, multiple medications, and physical therapy. A request had been made for multiple medications and was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn (Tramadol) 10mg/lml-500ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (<http://www.fda.gov/ICE/EnforcementActions/WarningLetters/2008/ucm1048048.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: When noting the date of injury, the mechanism of injury, the actual injury sustained and by the most recent physical examination presented for review, there is no clear clinical indication of any of a centrally acting synthetic opioid analgesic. There are no significant pain generators. There is a daily normal physical examination and the medical necessity of the continued use of this medication has not been established in the letter of medical necessity presented for review. The request is not medically necessary.

Tabradol (cyclobenzaprine) 1mg/ml-250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (<http://www.fda.gov/ICE/EnforcementActions/WarningLetters/2008/ucm1048048.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: This medication is recommended as an option and only a short course of therapy. There is no clinical indication for chronic, long-term or indefinite use. There are significant side effect issues relative to habituation and dependency. Therefore, based on the physical examination reported by the parameters outlined in the MTUS, there is no medical necessity for the continued use of medication. The request is not medically necessary.

Deprizine (ranitidine) 5mg/ml-250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (<http://www.fda.gov/ICE/EnforcementActions/WarningLetters/2008/ucm1048048.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: This is a proton pump inhibitor, H2 receptor antagonist indicated for the treatment of gastritis or for patients taking those taking non-steroidal medications. It is also noted that there were no gastrointestinal complaints, no abdominal complaints, no indicators of gastritis or a clinical indication for use of this preparation. Therefore, based on the limited clinical rationale presented for review, this medication is not medically necessary.

Dicopanol (Diphenhydramine) 5mg/ml-150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (<http://www.fda.gov/ICE/EnforcementActions/WarningLetters/2008/ucm1048048.htm>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: This is an oral suspension compounded medication used to treat allergic reactions, motion sickness and symptoms of Parkinson's disease. The letter of medical necessity has not outlined a clinical need in this particular case for the use of this medication. Therefore, there is no medical necessity presented for this oral suspension. The request is not medically necessary.