

Case Number:	CM14-0075775		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2006
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 and is licensed to practice in Nevada. 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 53 year-old male who was reportedly injured on 3/22/2006. The mechanism of injury is noted as an industrial injury. The most recent progress note , indicates that there are ongoing complaints of low back pain that radiates in the bilateral lower extremities. The physical examination demonstrated lumbar spine: well healed surgical incision at the low back, pain with toe walking, able to squat 60%, pain noted upon to touch with fingers is 6 inches from the ground, positive tenderness to palpation lumbar paraspinal muscles, spines processes at L-1-L5. There is decreased range of motion. Positive straight leg raise a 40. Decreased sensation in motor strength in the bilateral lower extremities. No recent diagnostic studies are available for review. Previous treatment includes lumbar spine surgery, medications, and conservative treatment. A request was made for Synapryn 10mg 500ml and was not certified in the pre-authorization process on 5/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Compound Drugs and <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=594bad96-d0e0-4a12-8a38-762962962f54a66>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of tramadol. As such, the request is not considered medically necessary.