

Case Number:	CM14-0083956		
Date Assigned:	07/21/2014	Date of Injury:	05/04/2012
Decision Date:	09/19/2014	UR Denial Date:	05/11/2014
Priority:	Standard	Application Received:	06/05/2014

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 Illinois. 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 46-year-old male who reported an injury on 05/04/2012 while driving a cherry picker, which was not his usual job. As he was moving a box, the box became stuck. He went to free the box, when he noted pain in his back. The injured worker reported that the pain became progressively worse, and he had difficulty walking. The diagnoses were lumbar disc herniation and lumbar radiculopathy. The past treatment reported was physical therapy. The diagnostic studies were MRI of the lumbar spine and EMG of the lower extremities. The MRI dated 10/10/2013 revealed a 6 mm disc herniation at the L3-4, associated with foraminal stenosis bilaterally and effacement of the left and right L3 exiting nerve roots. Small disc protrusions were reported at the L4-5 and L5-S1. There was associated foraminal stenosis bilaterally, with encroachment of the L4 nerve root at the L4-5. Surgical history was not reported. A physical examination dated 03/24/2014 revealed complaints of low back pain and stiffness. The injured worker complained of pain radiating to both lower extremities, into the feet, with numbness, tingling and weakness. The pain was rated as a 6/10 to 8/10 on the pain scale. The injured worker complained of difficulty sleeping, often only obtaining 3 hours of sleep at a time. An examination revealed the injured worker was able to ambulate without a cane. Palpation to the lumbar spine revealed tenderness over the lumbar paravertebral area with moderate spasm noted. There was tenderness over the paraspinal muscles over the lumbar spine. The straight leg raise test was positive on the right at 45 degrees and positive on the left at 60 degrees. Lasegue's was negative on the right and left. Deep tendon reflexes were normal. The medications were not reported. The treatment plan was to request epidural steroid injections. The rationale was not reported. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10 mg/1 ml # 500 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page(s) 82, 93, 94, 113, Ongoing Management Page(s): 78.

Decision rationale: This medication when compounded according to directions, makes 500ml of an oral suspension containing 10mg/ml Tramadol hydrochloride with glucosamine. California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommends that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The medications were not reported. The efficacy for this medication was not reported. It was not reported why the injured worker is on a liquid medication. The request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Tabradol 1mg/ml # 250 ml: Upheld

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

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

Decision rationale: This medication comes in a kit and is compounded as an oral suspension. The California MTUS guidelines state that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The medications were not reported. The efficacy for this medication was not reported. The request does not indicate the frequency for the medication. It was not reported why the injured worker needed liquid medication. Therefore, the request is not medically necessary.

Deprizine 15 mg/ml # 250 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 69.

Decision rationale: Deprizine comes as a kit that has active and inactive bulk materials to compound a ranitidine hydrochloride oral suspension. The MTUS guidelines state "patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary." There was no report of gastrointestinal events. Medications were not reported. The frequency for the medication was not indicated on the request. It was not reported why the injured worker needed a liquid medication. Therefore, the request is not medically necessary.

Dicopanol 5mg/ml # 150 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Insomnia.

Decision rationale: This medication comes in a kit. It contains active and inactive bulk materials to compound a Diphenhydramine hydrochloride (Benadryl) oral suspension. This is an antihistamine which in some cases is used to promote sleep. It was not reported why the injured worker is taking this medication. The frequency was not indicated on the request. It was not reported why the injured worker needed a liquid medication. Therefore, the request is not medically necessary.

Fanatrex 25 mg /ml # 420 ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16.

Decision rationale: The California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There were no reports indicating the medical necessity for this medication. The medications were not reported on the physical examination dated 03/24/2014. The efficacy of this medication was not reported. The frequency for this medication was not indicated on the request. It was not reported why the injured worker needed a liquid medication. Therefore, the request is not medically necessary.