

Case Number:	CM14-0099377		
Date Assigned:	07/28/2014	Date of Injury:	03/22/2006
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/27/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 53 year old male with date of injury 3/22/2006. The mechanism of injury is stated as hurting his back while picking up an object. The patient has complained of lower back pain since the date of injury. He has been treated with lumbar spine surgery, physical therapy and medications. CT scan of the lumbar spine performed 12/2009 revealed laminectomy and post-surgical changes at L4-S1 and L2-4 degenerative disc disease. Objective: decreased and painful range of motion of the lumbar spine, thickness of the sciatic notch on the right side, positive straight leg raise on the left, decreased sensation over the L5-S1 nerve distribution on the left. Diagnoses: lumbar spine radiculopathy, lumbar spine degenerative disc disease, status post lumbar spine surgery. Treatment plan and request: Synapryn 10 mg/ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml oral suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-79, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Pain Chapter: Compound drugs Synapryn (tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit) - <http://dailymed.nlm.nih.gov/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76,85,88.

Decision rationale: This 53 year old male patient has complained of lower back pain since date of injury 3/22/2006. He has been treated with lumbar spine surgery, physical therapy and medications to include opioids since at least 04/2014. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Additionally, there is no documented provider rationale regarding the necessity of use of a compounded medication. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Synapryn is not medically necessary.