

Case Number:	CM13-0071041		
Date Assigned:	01/08/2014	Date of Injury:	08/01/2012
Decision Date:	04/20/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old female, who sustained an industrial injury on 8/1/12. She has reported pain in the shoulders, back and wrists working as a housekeeper with repetitive activity. The diagnoses have included bilateral shoulder impingement syndrome, bilateral shoulder sprain/strain, bilateral wrist carpal tunnel syndrome, bilateral wrist sprain/strain, lumbago and lumbar radiculopathy. Treatment to date has included medications, activity restrictions and rest. Currently, as per the physician progress note dated 8/5/13, the injured worker complains of sharp, stabbing bilateral shoulder pain radiating down the arms, hands and into the fingers. The pain was rated 6-7/10 on pain scale. She also complains of sharp, stabbing bilateral wrist and hand pain radiating up the arm. The pain was described as frequent to constant and moderate to severe. The wrist pain was rated 7/10 on the right and 6-7/10 on the left. The low back pain was described as burning and radicular with muscle spasms. The pain was associated with numbness and tingling in the bilateral extremities. She also complains of stress, anxiety, insomnia and depression brought on by the chronic pain. She states that the pain is alleviated by medications, rest and activity restrictions. The exam of the bilateral shoulders revealed crepitus with range of motion, tenderness bilaterally, decreased range of motion bilaterally and positive Neer's and supraspinous tests bilaterally. The bilateral wrist exam revealed tenderness to palpation, decreased range of motion bilaterally, positive Tinel and Phalen sign bilaterally, and decreased grip strength on the right compared to the left. The lumbar exam revealed tenderness to palpation and decreased range of motion due to pain. The bilateral extremities had decreased sensation noted. Work status was temporary totally disabled from 8/1/13 to 9/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION: ORAL SUSPENSION OF SYNAPRYN 10MG/1ML, TABRADOL 1MG/ML, DEPRIZINELS MG/ML, DICOPANOL (DIPHENHYDRAMINE) 5MG/ML. FANATREX (GABAPENTIN) 25MG/ML: Upheld

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

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

Decision rationale: SYNAPRYN is a one of the compound of the proposed drug. SYNAPRYN (10MG/1ML ORAL SUSPENSION) 500ML contains tramadol and glycosamine. According to MTUS guidelines, Ultram is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. Although, Ultram may be needed to help with the patient pain, it may not help with the weaning process from opioids. Ultram could be used if exacerbation of pain after or during the weaning process. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Tramadol). There is no clear documentation of the efficacy/safety of previous use of Tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medication. There is no clear justification for the need to continue the use of Tramadol. There is no evidence that this compound is more effective than each drug prescribed as a single one. Therefore, the prescription of COMPOUND MEDICATION: ORAL SUSPENSION OF SYNAPRYN 10MG/1ML, TABRADOL 1MG/ML, DEPRIZINELS MG/ML, DICOPANOL (DIPHENHYDRAMINE) 5MG/ML. FANATREX (GABAPENTIN) 25MG/ML is not medically necessary at this time.