

<b>Case Number:</b>	CM14-0169442		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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. 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 52 year old male who sustained an industrial injury on May 1, 2013 as a result of cumulative trauma. The diagnoses have included right shoulder impingement syndrome, shoulder pain, elbow pain, right wrist carpal tunnel syndrome, radiculitis lower extremity, lumbar disc displacement herniated nucleus pulposus (HNP) and abdominal pain rule out inguinal hernia. Treatment to date has included medications, physical therapy, and chiropractic treatment. Orthopedic notes from July and August 2014 were submitted. The injured worker complained of burning of right shoulder radiating down the arm to the fingers associated with muscle spasms, right elbow pain and muscle spasms, right wrist pain and muscle spasms and low back pain radiating down to the bottom of the foot, groin pain and difficulty sleeping. He denied bowel or bladder problems. The physician documented that medications offer temporary relief of pain and improved ability to have restful sleep. In a progress note dated August 16, 2014, the treating provider reports examination of the right shoulder reveals crepitation with range of motion, tenderness to palpation at the supraspinatus, levator scapula, with a trigger point noted and at the rhomboid muscles, acromioclavicular (AC) joint arthrosis noted, decreased range of motion, positive Neer's impingement sign, Kennedy Hawkins and Speeds test; right elbow exam with tenderness to palpation over the medial and lateral epicondyle, decreased range of motion, positive Cozen's sign; right wrist examination with tenderness to palpation at the triangular fibrocartilage complex and carpal tunnel and the first dorsal muscle compartment, decreased range of motion and positive Tinel's wrist, Phalen's and Finkelstein's tests, decreased sensation along the course of the median nerve distribution in right upper extremity; the lumbar spine

revealed tenderness to palpation at the lumbar paraspinal muscles, quadratus lumborum with a trigger point noted at the right sciatic notch, decreased range of motion and positive Tripod sign, flip-test and Lasegue's differential bilaterally. Work status was not specified. On 9/25/15, Utilization Review (UR) non-certified requests for trabadol, deprizine, dicopanol, and synapryn, citing the MTUS and ODG.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tabradol 1mg/ml oral suspension 250ml, 1 tsp (5ml) 2-3 times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66 Page(s): 41-42, 63-66.

**Decision rationale:** Tabradol is cyclobenzaprine in an oral suspension. The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. This patient has chronic pain with no evidence of prescribing for flare-up. The MTUS states that treatment with cyclobenzaprine should be brief, and that the addition of cyclobenzaprine to other agents is not recommended. In this case, cyclobenzaprine is added to other agents. Prescribing was not for a short term exacerbation. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.

**Deprizine 15mg/ml oral suspension 250ml, take 2 tsp (10ml) o.d.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPI's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS recommends co-therapy of NSAIDs with a proton pump inhibitor (PPI) in patients who are determined to be at intermediate or high risk of a gastrointestinal (GI) event. There is no recommendation for H2 receptor antagonists for gastric protection from NSAID use. A H2-receptor antagonist may be considered for treatment of dyspepsia secondary to NSAID therapy. Deprizine is ranitidine in an oral suspension. Ranitidine is prescribed without any rationale provided. The injured worker was also prescribed flurbiprofen, a NSAID. If ranitidine is prescribed as cotherapy with an NSAID, ranitidine is not the best drug. Note the MTUS recommendations cited. There are no medical reports which adequately describe signs and symptoms of possible GI disease. There was no documentation of dyspepsia secondary to NSAID use. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports

describe the specific risk factors present in this case. Ranitidine is not medically necessary based on the MTUS.

**Dicopanol 5mg/ml oral suspension 150ml take 1 ml p.o. at bedtime, max 5ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Pain Chapter: Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: insomnia.

**Decision rationale:** Dicopanol contains diphenhydramine and other unnamed ingredients. Medical necessity cannot be determined for unspecified compounds, and unpublished ingredients cannot be assumed to be safe or effective. Dicopanol is not medically necessary on this basis alone. The injured worker was noted to have difficulty sleeping. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the Official Disability Guidelines citation above. That citation also states that antihistamines are not indicated for long term use as tolerance develops quickly, and that there are many, significant side effects. Dicopanol is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and lack of information provided about the ingredients.

**Synapryn 10mg/ml oral suspension 550ml, 1 tsp. (5ml) t.i.d.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids p. 77-80, 93-94 glucosamine and chondroitin sulfate p. 50 Page(s): p. 50, 77-80, 93-94.

**Decision rationale:** Synapryn contains tramadol with glucosamine in oral suspension. The reason for combining these medications is not discussed in any physician report. Given that tramadol is generally an as-needed medication to be used as little as possible, and that glucosamine (assuming a valid indication) is to be taken regularly regardless of acute symptoms, the combination product is illogical and not indicated. Tramadol is prescribed without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Opioids are minimally indicated, if at all, for chronic back pain. Work status was not noted. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. The MTUS provides support for treating moderate arthritis pain, particularly knee OA, with glucosamine sulphate. Other forms of glucosamine are not supported by good medical evidence. No diagnosis of arthritis was documented. The treating physician in

this case has not provided evidence of the form of glucosamine in Synapryn, and that it is the form recommended in the MTUS and supported by the best medical evidence. Should there be any indication for glucosamine in this case, it must be given as a single agent apart from other analgesics, particularly analgesics like tramadol which are habituating. Synapryn is not medically necessary based on the MTUS, lack of good medical evidence, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.