

Case Number:	CM14-0192778		
Date Assigned:	11/26/2014	Date of Injury:	10/03/2013
Decision Date:	01/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in Utah. 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 43 year-old male. The patient's date of injury is 10/03/2013. The mechanism of injury is not clearly stated. The patient has been diagnosed with rotator cuff tear. The patient's treatments have included imaging studies, bracing, physical therapy, nerve conduction studies, and medications. The physical exam findings dated 11/11/2014 show the shoulder as nonspecific tenderness over the shoulder, with apprehension testing as positive. The impingement test and Yergason's test reveal pain on the right shoulder. The patient's medications have included, but are not limited to, Mobic, Toradol, (illegible). The request is for oral suspension medications. It is unclear why the patient is requiring oral suspension over tablets at this time.

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 500 ml (5ml-1 tsp) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Meds.com, Synapryn

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how

much Synapryn the patient was taking previously, if at all, and what the results/outcome of taking that medication was. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. It is unclear why the patient is requiring oral suspension over tablets at this time. According to the clinical documentation provided and current MTUS guidelines; Synapryn is not medically necessary.

Tabradol 1mg/ml oral suspension 250ml (5mg-1 tsp) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, Cyclobenzaprine. Decision based on Non-MTUS Citation Meds.com, Synapryn

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: MTUS guidelines state the following: Tabradol is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is unclear why the patient is requiring oral suspension over tablets at this time. According to the clinical documentation provided and current MTUS guidelines; Tabradol is not medically necessary.

Deprizine 5mg/ml oral suspension 250ml (10ml-2 tsp) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain-Medical foodsMeds.com, Deprizine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Deprizine. According to the clinical documents, there is lack of documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. It is also unclear why the patient is requiring oral suspension over tablets at this time. The use of Deprizine, as stated in the above request, is not medically necessary.

Dicopanol 5mg/ml oral suspension 150ml (1ml) Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain-Medical FoodMeds.com, Dicopanol

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate.com Diphenhydramine

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Dicopanol. It is unclear why the patient is requiring oral suspension over tablets at this time. There is no other clear indication for this medicine stated. According to the clinical documentation provided and current MTUS guidelines; Dicopanol is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml (5ml-1 tsp) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-20. Decision based on Non-MTUS Citation Meds.com, Fanatrex

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 49.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the above cited guidelines, "Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." To determine a good outcome, "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." "It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use". There is no documentation that states the patient has a diagnosis of a radicular pain. It is unclear why the patient is requiring oral suspension over tablets at this time. According to the clinical documentation provided and current MTUS guidelines; Fanatrex is not medically necessary.