

Case Number:	CM14-0197832		
Date Assigned:	12/19/2014	Date of Injury:	09/26/2013
Decision Date:	01/22/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/25/2014

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 and is licensed to practice in New York. 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 claimant is a 23 yo female who sustained an industrial injury on 09/26/2013. The mechanism of injury was not provided for review. Her diagnoses include lumbar sprain/strain, lumbar spine pain rule out disc displacement and lumbar radiculopathy. She complains of low back pain with associated numbness and tingling into the bilateral lower extremities. There was no physical exam provided for review. Treatment has consisted of medical therapy and physical therapy. The treating provider has requested Synapryn 10mg/1ml oral suspension, 250 ml Tabradol 1mg/ml oral suspension, 250ml Deprizine 15mg/ml, 150ml Dicopanol 5mg/5ml, 420ml Fanatrex 25mg/ml, EMG/NCV of the bilateral lower extremities, referral to a Pain management specialist for a lumbar epidural steroid injection and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

500ml Synapryn 10mg/1ml oral suspension: 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 Page(s): 93, 94-96.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultram is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Ultram (Tramadol) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.

250ml Tabradol 1mg/ml oral suspension:

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 Page(s): 64.

Decision rationale: Per the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of low back pain. The medication has its greatest effect in the first four days of treatment. The documentation indicates there are no palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

250ml Deprizine 15mg/ml oral suspension: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal medicine 2013: Ranitidine indications

Decision rationale: There was no specific indication for Ranitidine use. The medication is used to treat ulcers, gastroesophageal reflux disease, esophagitis, Hypersecretory conditions (Zollinger-Ellison syndrome), and stress ulcer prophylaxis. There was no clear detail provided in the available documentation as to why the medication is required, and there is no documentation

of the claimant having any particular objective GI abnormalities. The medical necessity for the requested item is not established. The requested item is not medically necessary.

150ml Dicopanол 5mg/ml oral suspension: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013- Dicopanол oral suspension

Decision rationale: Dicopanол - Dicopanол is an antihistamine. Dicopanол blocks the effects of the naturally occurring chemical histamine in the body. Dicopanол is used to treat sneezing; runny nose; itching, watery eyes; hives; rashes; itching; and other symptoms of allergies and the common cold. Dicopanол is also used to suppress coughs, to treat motion sickness, to induce sleep, and to treat mild forms of Parkinson's disease. There is no specific documentation for the use of this medication for treatment of the claimant's chronic pain condition. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

420ml Fanatrex 25mg/ml oral suspension: 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 Page(s): 13.

Decision rationale: Fanatrex is an oral suspension of Gabapentin. The recommended medication, Gabapentin is not medically necessary for the treatment of the patient's condition. Per the documentation there is no specific diagnosis of neuropathic pain. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. There is no documentation of the response to the medication. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.

EMG/NCV study of bilateral lower extremities: 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), Low Back - Lumbar & Thoracic (Acute & Chronic)

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

EMG/NCV testing 2010 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine: Nerve conduction/Electromyography Testing 2012

Decision rationale: There is no documentation provided necessitating bilateral EMG/NCV testing of the lower extremities. EMG and nerve conduction studies are an extension of the physical examination. They can be useful in aiding in the diagnosis of peripheral nerve and muscle problems. This can include peripheral neuropathies, entrapment neuropathies, radiculopathies, and muscle disorders. Electrodiagnostic testing includes testing for nerve conduction velocities but the addition of electromyography is generally not necessary. There is no specific indication for bilateral EMG/NCV of the bilateral lower extremities. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

1 referral to pain management specialist regarding epidural steroid injections for lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The review has indicated that the claimant has documentation of objective evidence of radiculopathy on the basis of her physical exam findings or MRI findings. Per California MTUS 2009 Guidelines epidural steroid injections are recommended as an option for treatment of radicular pain. The Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Medical necessity for the requested lumbar steroid injection has not been established. The requested treatment is not medically necessary.

Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids,

capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Terocin patch contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.