

Case Number:	CM14-0202909		
Date Assigned:	12/15/2014	Date of Injury:	02/21/2014
Decision Date:	02/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/04/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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:

This 40 year old male sustained an industrial related injury on 02/21/2014 of unknown mechanism. The results of the injury and initial diagnoses were not provided or discussed. Per the progress report (10/14/2014), subjective complaints included headaches, burning right shoulder pain, and burning low back pain. The injured worker described the right shoulder pain as constant and moderate to severe with a pain level of 8/10. The right shoulder pain was aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. The low back pain was described as constant and moderate to severe with a pain level of 8/10. The low back pain was associated with numbness and tingling of the bilateral lower extremities, and was aggravated by prolonged sitting, standing, walking, bending, arising from the sitting position, and going up or down stairs. The injured worker also reported stress, anxiety, insomnia, and depression. Current objective findings of the right shoulder included tenderness to palpation at the AC joint, subacromial space, levator scapula, supraspinatus and trapezius muscles, and trigger points at the rhomboid muscles. Range of motion (ROM) findings in the right shoulder included decreased flexion of 100, extension of 20, abduction of 100, external rotation of 60, and internal rotation of 40. Orthopedic tests, including Neer's impingement sign, Kennedy Hawkins, Jobe's and Speed's, were all positive. Neurological evaluation revealed slightly diminished sensation to pin-prick over the C5, C6, C7, C8 and T1 dermatomes in the right upper extremity; motor strength of 4/5 in all muscle groups of the right upper extremity; 2+ symmetrical deep tendon reflexes in the bilateral upper extremities; and 2+ symmetrical vascular pulses in the bilateral upper extremities. Examination of the lumbar spine revealed pain with heel walking, and tenderness to palpation in the paraspinal muscles, quadratus lumborum and over the lumbosacral junction. ROM of the lumbar spine included decreased: flexion of 50, extension of 15, left lateral flexion of 20, right lateral flexion of 20, left rotation of

20 and right rotation of 20. Orthopedic tests, including Tripod sign, Flip-test and Lasegue's differential, were all positive. Neurological examination of the bilateral lower extremities revealed slightly decreased sensation to pin-prick and light touch at the L4, L5 and S1 dermatomes bilaterally; motor strength of 4/5 in all muscle groups bilaterally; 2+ symmetrical deep tendon reflexes in the bilateral lower extremities; and 2+ symmetrical vascular pulses in the bilateral lower extremities. Current diagnoses include headaches, right shoulder sprain/strain, right shoulder tendonitis, right shoulder bursitis, right shoulder AC arthrosis, low back pain, lumbar spine sprain/strain, lumbar disc displacement HNP, lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder, and stress. Treatment to date has included oral and topical medications, and physical therapy. Diagnostic testing was not provided or mentioned in the progress reports. The medication - oral suspensions 5 (synapryn 10 mg/1 ml oral suspension 500 ml, tabradol 1 mg/ml oral suspension 250 ml, deprizine 15 mg/ml oral suspension 250 ml, Dicopanol 5 mg/ml oral suspension 150 ml, and Fanatrex 25 mg/ml oral suspension 420 ml) was requested for the treatment of right shoulder and low back pain. Treatments in place around the time the medications were requested included oral medications and physical therapy. The injured worker reported decreased pain and better sleep with the use of medications. There were no noted changes in functional deficits, and activities of daily living were improved with use of medication and activity restrictions. The injured worker was noted to not be working, but disability status was not mentioned. Dependency on medical care was unchanged. On 11/05/2014, Utilization Review non-certified a prescription for medication - oral suspensions 5 which were requested on 11/03/2014. The medication - oral suspensions 5 were non-certified based on the absence of a documented maintained increase in function or decrease in pain with the use of this medication, and no documentation of a clear indication for a suspension form of this medication and/or evidence for use of the compounds together. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of medication - oral suspension 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Meds 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

Decision rationale: Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was

associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The documentation submitted for review does not specify the medications in the requested compound. Medical necessity cannot be affirmed.