

Case Number:	CM14-0208294		
Date Assigned:	12/22/2014	Date of Injury:	04/06/2012
Decision Date:	03/10/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/12/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54-year-old female, with a reported date of injury of 04/06/2012. She reported pain in the neck, bilateral shoulders, bilateral elbows, bilateral wrists, thoracic spine, bilateral knees, and bilateral ankles/feet. The diagnoses have included cervical spine multi-level herniated nucleus pulposus, cervical spine multi-level degenerative disc disease, cervical spine radiculopathy, bilateral shoulder impingement syndrome, bilateral shoulder rotator cuff tear, bilateral shoulder tenosynovitis, bilateral shoulder acromioclavicular joint osteoarthropathy, left elbow sprain/strain, right elbow tear of common extensor tendon, right elbow lateral epicondylitis, bilateral wrist carpal tunnel syndrome, bilateral wrist subchondral cyst, thoracic spine multi-level herniated nucleus pulposus, thoracic spine multi-level degenerative disc disease, bilateral knee sprain/strain, right knee chondromalacia patellae, right knee osteoarthritis, bilateral knee medial meniscal tear, bilateral plantar fasciitis, and abdominal discomfort. Treatments to date have included acupuncture treatment for the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists, thoracic spine, bilateral knees, and bilateral ankles/feet; shockwave therapy for the bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees, and bilateral ankles/feet; and pain medications. Currently, the injured worker complains of burning, radicular neck pain and muscle spasms, rated 8 out of 10, and associated with numbness and tingling of the bilateral upper extremities; burning bilateral shoulder pain radiating down the arms to the fingers, rated 6 out of 10; burning bilateral elbow pain and muscle spasms, rated 8 out of 10, with weakness, numbness, tingling, and pain radiating to the hand and fingers; burning radicular mid back pain and muscle spasms, rated 8 out of 10; burning bilateral

knee pain and muscle spasms, rated 8 out of 10, with numbness, tingling, and pain radiating to the feet; burning bilateral foot pain and muscle spasms, rated 8 out of 10; and stomach problems, associated with nervousness. On 11/10/2014, Utilization Review (UR) non-certified a request for Tabradol 1mg/ml Oral Suspension 250ml three (3) times a day; Deprizine 15mg/ml Oral Suspension 250ml; Dicopanol 5mg/ml Oral Suspension 150ml; and Synapryn 10mg/1ml Oral Suspension 500ml three (3) times a day. The UR physician noted that there was no documentation of why the injured worker is unable to take oral capsules or tablets, and no documentation of the increased risk of gastrointestinal complications. The Chronic Pain Guidelines were cited. The Non-MTUS Official Disability Guidelines were also cited.

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 TID.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68.

Decision rationale: Tabradol 1mg/ml oral suspension, 250ml TID is not medically necessary per MTUS guidelines. Tabradol contains cyclobenzaprine, methylsulfonylmethane and other proprietary ingredient. Tabradol was prescribed for muscle spasms. Patient has been prescribed tabradol dating back at least since August of 2014 The MTUS states that Cycobenzaprine treatment should be brief with short course of therapy. Additionally the MTUS states that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation states that patient has been on this medication with significant functional improvement. Tabradol is not medically necessary and is recommended to be non certified.

Deprizine 15mg/ml oral suspension 250ml.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

Decision rationale: Deprizine 15mg/ml oral suspension, 150ml is not medically necessary per the MTUS guidelines. Deprizine contains ranitidine and other proprietary ingredients. Ranitidine is an H2 blocker. Ca MTUS does not specifically address H2 blocker, however the California MTUS guidelines recommend the use of proton pump inhibitors for patients taking NSAIDs who are at risk for gastrointestinal events such as patients who are over the age of 65, have a history of a peptic ulcer, GI bleeding, or perforation; concomitant use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. There is no documentation stating the

patient meets the above risk criteria for a proton pump inhibitor. There is no indication why the patient cannot take an oral pill or capsule. The request for Deprizine 15mg/ml oral suspension 150ml is not medically necessary or appropriate.

Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml.: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Dicopanol (Diphenhydramine) 5MG/ML oral suspension, 150ML is not medically necessary per ODG guidelines. The MTUS does not specifically mention treatment for insomnia. The ODG states that Dicopanol was prescribed for insomnia and contains Diphenhydramine. The ODG states that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. There is no documentation of a discussion of sleep hygiene with the patient. The documentation is unclear why the patient requires a liquid compounded form of this medication. The long term use of dicopanol is not medically necessary or appropriate.

Synapryn 10mg/1ml oral suspension 500ml TID.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Synapryn 10mg/ml oral suspension 500ml TID is not medically necessary per MTUS guidelines. Synapryn contains tramadol and glucosamine, as well as other proprietary ingredients. Synapryn was prescribed for pain. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include 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. There is no indication that Synapryn has improved patient's pain or functioning to a significant degree therefore Synapryn is not medically necessary. and recommended to be non certified.