

Case Number:	CM14-0099989		
Date Assigned:	07/28/2014	Date of Injury:	01/05/2014
Decision Date:	01/27/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/27/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for neck, shoulder, elbow, and back pain reportedly associated with an industrial contusion injury of January 5, 2014. In a Utilization Review Report dated June 20, 2014, the claims administrator failed to approve request for Synapryn, an oral suspension medication. Non-MTUS Chapter 6, ACOEM Guidelines, non-MTUS National Library of Medicine (NLM) Guidelines, and non-MTUS ODG Guidelines were endorsed. The claims administrator referenced a May 21, 2014 progress note, in its denial. The applicant's attorney subsequently appealed. In a handwritten note dated May 22, 2014, eight sessions of manipulative therapy and orthopedic consultation were sought. The note was very difficult to follow. In a progress note dated June 20, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, elbow pain, wrist pain, low back pain, knee pain, ankle pain, and headaches. Derivative complaints of psychological stress, anxiety, and depression were also evident. Multiple dietary supplements, topical compounds, and oral suspensions were endorsed, including Synapryn agent at issue, which the attending provider claimed was an amalgam of tramadol and glucosamine; Tabradol; cyclobenzaprine containing topical compound; ketoprofen containing topical compound; Dicoprofanol; and Deprizine. The applicant was placed off of work, on total temporary disability, through July 23, 2014. Many of the same articles, including Synapryn, were endorsed via an earlier RFA form dated April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn (10mg/1 ml oral suspension) #500 ml, take 1 teaspoon (5 ml): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Synapryn Medication Guide.

Decision rationale: Synapryn, per the National Library of Medicine and the requesting provider, is an amalgam of Tramadol and Glucosamine. Page 50 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Glucosamine is indicated in the treatment of pain associated with arthritis and, in particular that associated with knee arthritis. In this case, however, there is no evidence that the applicant's primary pain generator is, in fact, arthritic in nature. Rather, the applicant reported multifocal complaints of neck, shoulder, elbow, wrist, low back, ankle, and knee pain with derivative complaints of anxiety, depression, and insomnia. There was no mention of the applicant's carrying a diagnosis of arthritis for which the Glucosamine component of the amalgam would have been indicated. Therefore, the request is not medically necessary.