

Case Number:	CM15-0003524		
Date Assigned:	01/14/2015	Date of Injury:	01/11/2008
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 01/11/2008. The diagnoses have included cervical spine HNP (herniated nucleus pulposus), low back pain, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine degenerative disk disease, facet joint hypertrophy, and anxiety disorder. Treatments to date have included shockwave therapy and medications. There is no record of a recent MRI. In a progress note dated 11/14/2014, the injured worker presented with complaints of burning, radicular neck and low back pain and muscle spasms; burning bilateral shoulder pain; and having difficulty sleeping. The treating physician reported, +2 tenderness to palpation with mild spasms at the suboccipital region, scalene, and over the sternocleidomastoid muscles. Utilization Review determination on 12/10/2014 non-certified the request for Synapryn 10mg/ml, 5ml three times a day citing California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml # 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 52 year old patient presents with neck and low back pain and muscle spasms, rated at 6/10, that radiates to bilateral upper and lower extremities, as per progress report dated 11/14/14. The request is for SYNAPRYN 10 mg/ml # 500 ml. The RFA for this report is dated 11/14/14, and the patient's date of injury is 01/11/08. The patient also suffers from bilateral shoulder pain, rated at 7/10, as per progress report dated 11/14/14. He is also experiencing sleep issues, stress, anxiety and depression. He also has history of hypertension and Parkinson's disease. Diagnoses, as per the same progress report, includes cervical spine HNP, low back pain, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine disc degenerative disease, facet joint hypertrophy, anxiety disorder, and mood disorder. Medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per progress report dated 11/14/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Synapryn is first noted in progress report dated 05/28/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not mention a change in pain scale nor does the treater use a validated instrument to show significant functional improvement. In progress report dated 11/14/14, the treater states that Periodic UA toxicological evaluation shall be performed. However, none of the UDS reports are available for review. The treater does not mention CURES report or side effects associated with opioid use. MTUS requires clear discussion about 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for chronic opioid use. Hence, the request IS NOT medically necessary.