

Case Number:	CM15-0169568		
Date Assigned:	09/10/2015	Date of Injury:	09/22/2014
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 45 year old female who reported an industrial injury on 9-22-2014. Her diagnoses, and or impression, were noted to include: bilateral shoulder sprain-strain, rule-out internal derangement; right shoulder impingement syndrome and rotator cuff syndrome; lumbosacral muscle sprain with lumbosacral disc degeneration, low back pain and lower limb radiculitis, rule-out lumbar radiculopathy and herniated nucleus pulposes; bilateral hip and ankle sprain-strain, rule-out internal derangement; and cervical spine sprain-strain, rule-out herniated nucleus pulposes and cervical radiculopathy. Current magnetic imaging studies of the cervical spine were done on 5-9-2015. Her treatments were noted to include: diagnostic studies; physical therapy; medication management with toxicology studies; and modified work duties. The physician's progress notes of 6-15-2015 noted a follow-up visit for complaints of: constant, moderate-severe radicular neck pain and muscle spasms, aggravated by movement, and associated with numbness and tingling in the upper extremities; constant, moderate-severe bilateral shoulder pain, aggravated by activity; constant, moderate-severe radicular low back pain and muscle spasms, associated with numbness and tingling in the bilateral lower extremities, and aggravated by activities and activities of daily living; moderate-severe bilateral hip pain and muscle spasms, aggravated by activities; constant, moderate-severe bilateral ankle pain, aggravated by activities; and that restricted activities and medications did offer her temporary relief of pain, improve her ability for restful sleep. Objective findings were noted to include: no acute distress; tenderness at the sub-occipital region and over both scalene and trapezius muscles, with decreased cervical range-of-motion; tenderness at the delto-pectoral groove and

supraspinatus muscles of the bilateral shoulders that were with decrease range-of-motion; diminished sensation over the cervicothoracic dermatomes in the upper extremities, that were with decreased strength; pain with heel-toe walking, painful toe-touch, and tenderness at the lumbar para-spinal muscles and over the lumbosacral junction; decreased lumbar range-of-motion; tenderness at the bilateral greater trochanters of the hips, which had decreased range-of-motion; tenderness over the bilateral medial and lateral malleolus of the ankles, which were with decreased range-of-motion; and decreased sensation at the bilateral lumbosacral dermatomes. The physician's requests for treatments were not noted to include medications, which were noted to include Synapryn oral suspension, used as a 2nd line treatment of neuropathic-fibromyalgia, and osteoarthritic-musculoskeletal pain. The Utilization Review of 8-20-2015 non-certified the request for Synapryn 10 mg-per ml suspension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml SUS: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated 7/15/2015, Compound drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Co-pack drugs and Other Medical Treatment Guidelines Synapryn Instructions Insert.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating neck and radiating low back pain and bilateral shoulder, hip, and ankle pain. When seen, there was decreased spinal range of motion with paraspinal muscle tenderness. There was suboccipital, scalene, and trapezius muscle tenderness. There was bilateral shoulder and ankle tenderness with decreased range of motion. There was bilateral trochanteric tenderness with normal hip range of motion. There was decreased upper and lower extremity strength and sensation. Co-pack drugs are not generally recommended, as there are no high quality studies to demonstrate improved patient outcomes. Synapryn is Tramadol with glucosamine in a FusePaq compounding kit, which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that there is a need for medications provided in a compounded or oral suspension formulation. Synapryn is not medically necessary.

Tabradol 1mg/ml 250 mls: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, updated 7/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Co-pack drugs and Other Medical Treatment Guidelines Tabradol Instructions Insert.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for radiating neck and radiating low back pain and bilateral shoulder, hip, and ankle pain. When seen, there was decreased spinal range of motion with paraspinal muscle tenderness. There was suboccipital, scalene, and trapezius muscle tenderness. There was bilateral shoulder and ankle tenderness with decreased range of motion. There was bilateral trochanteric tenderness with normal hip range of motion. There was decreased upper and lower extremity strength and sensation. Pain (Chronic), Co-pack drugs: Co-pack drugs are not generally recommended as there are no high quality studies to demonstrate improved patient outcomes. Tabradol is cyclobenzaprine in a FusePaq. Compounding kit, this is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that there is a need for medications provided in a compounded or oral suspension formulation and long term use of a muscle relaxant is not recommended. Tabradol is not medically necessary.