

Case Number:	CM15-0191455		
Date Assigned:	10/05/2015	Date of Injury:	12/03/2014
Decision Date:	11/10/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/29/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 54 year old female, who sustained an industrial injury on December 03, 2014. The injured worker was diagnosed as having cervical spine sprain and strain rule out herniated nucleus pulposus, bilateral shoulder sprain and strain rule out internal derangement, bilateral elbow sprain and strain rule out internal derangement, bilateral wrist sprain and strain rule out internal derangement, and lumbar spine sprain and strain rule out herniated nucleus pulposus. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, status post right trigger thumb release, physical therapy, magnetic resonance imaging of the left shoulder, magnetic resonance imaging of the left elbow, magnetic resonance imaging of the right shoulder, and medication regimen. In a progress note dated August 06, 2015 the treating physician reports complaints of pain to the neck, bilateral shoulders that radiates to the arms, bilateral elbows, bilateral wrists, and low back that radiates to the bilateral lower extremity with numbness and tingling. Examination performed on August 06, 2015 was revealing for decreased motor strength to the lower extremities, decreased sensation to the lumbar four, five, and sacral one dermatomes bilaterally, decreased range of motion to the lumbar spine, tenderness to the lumbar paraspinal muscles and the lumbosacral junction, decreased sensation to the cervical five, six, seven, eight, and thoracic one dermatomes to the upper extremities, decreased motor strength to the bilateral upper extremities, decreased range of motion to the bilateral wrists, decreased range of motion to the bilateral shoulders, tenderness to the suboccipital region and the bilateral trapezius muscles, tenderness to the delto-pectoral groove and the supraspinatus muscles, decreased range of motion to the bilateral elbows,

tenderness to the left medial and lateral epicondyles, and decreased range of motion to the cervical spine. The injured worker's pain level on August 06, 2015 was a 7 out of 10 on the visual analog scale, but the progress note did not indicate the injured worker's current medication regimen or her pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note from June 25, 2015 did not include the injured worker's current medication regimen or the injured worker's pain level prior to and after use of her medication regimen, but did include the prescriptions for Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen Cream, Compound HMPC2, and Compound HNPC1. On August 06, 2015 the treating physician requested Synapryn 10mg-1 mg in 500ml, Tabradol 1mg-ml for 250ml, Deprizine 15mg-ml for 250ml, Dicopanol (diphenhydramine) 5mg-ml for 150ml, and Fanatrex (Gabapentin) 25mg-ml for 420ml noting prior prescriptions of these medication as indicated above. On September 08, 2015 the Utilization Review determined the requests for the oral suspensions of Synapryn 10mg-1 mg in 500ml, Tabradol 1mg-ml for 250ml, Deprizine 15mg-ml for 250ml, Dicopanol (diphenhydramine) 5mg-ml for 150ml, and Fanatrex (Gabapentin) 25mg-ml for 420ml to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral suspensions 1 Synapryn 10mg/1 mg 500ml/Tabradol 1mg/ml 250ml/Deprizine 15mg/ml 250ml/Dicopanol (diphenhydramine) 5mg/ml 150ml/Fanatrex (Gabapentine) 25mg/ml, 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Muscle relaxants (for pain).

Decision rationale: Oral suspensions 1 Synapryn 10mg/1 mg 500ml/Tabradol 1mg/ml 250ml/Deprizine 15mg/ml 250ml/Dicopanol (diphenhydramine) 5mg/ml 150ml/Fanatrex (Gabapentin) 25mg/ml, 420ml is not medically necessary. This is a compounded medication made up of Tramadol, Cyclobenzaprine, Zantac, Diphenhydramine and Gabapentin. The CA MTUS guidelines do not recommend long-term use of these medications. In terms of Tramadol: a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis are recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances, (b) continuing pain with evidence of intolerable adverse effects, (c) decrease in functioning, (d) resolution of pain, (e) if serious non-adherence is occurring, (f) the patient requests discontinuing. In terms of Cyclobenzaprine, the peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. Finally, the provider fail to document the claimant's pain level prior to and after use of her medication regimen, it is not medically necessary.