

Case Number:	CM15-0025738		
Date Assigned:	02/19/2015	Date of Injury:	12/04/2013
Decision Date:	04/21/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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, District of Columbia, Maryland
 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 4, 2013. The diagnoses have included cervical spine sprain/strain rule out HNP, left shoulder sprain/strain RCT, left elbow sprain/strain rule out cubital tunnel, rule out left elbow media/lateral epicondylis, left wrist de Quervain's tenosynovitis, rule out left wrist carpal tunnel syndrome, rule out first carpometacarpal joint arthritis. Treatment to date has included electromyogram, nerve conduction study of bilateral lower extremities, shoulder surgery on November 6, 2014 and oral medication and patches. Currently, the injured worker complains of left shoulder pain that radiates to the neck. In a progress note dated November 11, 2014, the treating provider reports examination of the left shoulder reveals decreased range of motion and tenderness at the delto-pectoral groove at the insertion of the supraspinatus muscle and positive Neer's impingement sign. On January 13, 2015 Utilization Review non-certified a Tabradol 1mg/ml oral suspension 250ml take one teaspoon two to three times a day quantity one, Deprizine 15mg/ml oral suspension 250ml take two teaspoons daily quantity one, Dicopanol 5mg/ml oral suspension 150ml take 1ml at bedtime quantity one and Synapryn 10mg/ml oral suspension 500ml take one teaspoon three times a day as needed quantity one, noting, was 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 #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41 of 127.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html>.

Decision rationale: The H2 receptor antagonist ranitidine has been dispensed in a compounded product with other proprietary ingredients for GI pain. This product (Deprizine) contains 15mg/ml but actual amount of ranitidine per dose is not specified. It is not clear how much ranitidine is being prescribed or actually used by the patient and functional benefit is not described. CA MTUS 2009 Chronic Pain Guidelines recommend an H2-receptor antagonist or a proton pump inhibitor to treat dyspepsia resulting from NSAID use. The dispensed product, Deprizine, has not been clinically tested or approved by the FDA. Therefore, the request for Deprizine 15mg/ml (250mT), #1, is not medically necessary.

Dicopanol 5mg/ml oral suspension 150ml #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682539.html>.

Decision rationale: The antihistamine diphenhydramine has been dispensed in a compounded product with other proprietary ingredients for insomnia. This product (Dicoproanol) contains 5mg/ml but actual amount of diphenhydramine per dose is not specified. It is not clear how much diphenhydramine is being prescribed or actually used by the patient and functional benefit is not described. CA MTUS 2009 guidelines do not address treatment of insomnia but ODG Guidelines do not recommend sedating antihistamines such as diphenhydramine due to side effects and rapid development of tolerance. The dispensed product, Dicoproanol, has not been clinically tested or approved by the FDA. Therefore, the request for Dicoproanol 5mg/ml (150ml), #1, is not medically necessary.

Synapryn 10mg/1ml oral suspension 500ml #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, glucosamine.

Decision rationale: The synthetic opioid tramadol has been dispensed in a compounded product with the nutritional supplement glucosamine plus other proprietary ingredients, for pain. This product (Synaprin) contains 10mg/ml but actual amount of tramadol per dose is not specified. It is not clear how much tramadol is being prescribed or actually used by the patient and functional benefit is not described. CA MTUS 2009 Chronic Pain Guidelines recommend tramadol for moderate to severe pain in a dose of 50-100mg every 4-6 hours. The dispensed product, Synaprin, has not been clinically tested or approved by the FDA. Therefore, the request for Synaprin 10mg/ml (500mg), ft 1, is not medically necessary.