

<b>Case Number:</b>	CM15-0032406		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 44 year old male, who sustained an industrial injury on February 28, 2014. The diagnoses have included lumbar neuritis, lumbago, sprain of the lumbar spine and knees and derangement of bilateral knees. Treatment to date has included therapeutic left medial branch bloc to the lumbar facet joints and medication. Currently, the injured worker complains of burning radicular low back pain with muscle spasms. He rates the pain a 7-8 on a 10-point scale and describes the pain as constant and moderate-severe in intensity. The pain is associated with numbness and tingling of the bilateral lower extremities and aggravated by prolonged positioning and activities of daily living such as getting dressed and performing personal hygiene. The injured worker has burning bilateral hip pain and muscle spasms and rates the hip pain a 7-8 on a 10-point scale. He reports bilateral knee pain and spasms and describes the pain as constant and moderate to severe. He reports that the medications do offer him temporary relief of pain and improve his sleep. On February 5, 2014 Utilization Review non-certified a request for synapryn 10 mg/ml 500 ml (tramadol and glucosamine), noting that the guidelines do not provide evidence to support the use of oral suspension medications over more traditional standard or practice oral medications and the documentation does not indicate that the injured worker is intolerant to oral gabapentin capsules. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of synapryn 10 mg/ml 500 ml (tramadol and glucosamine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synapryn 10mg/ml 500 mg (tramadol and glucosamine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, glucosamine Page(s): 93, 94, 50.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the most recent progress note dated February 4, 2015 reveals no documentation to support the medical necessity of Synapryn nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Additionally, as Synapryn is an oral suspension it is not indicated that the injured employee is unable to tolerate tablets or capsules of glucosamine. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others". Therefore, it would be optimal to trial each medication individually.