

Case Number:	CM15-0037723		
Date Assigned:	03/06/2015	Date of Injury:	01/18/2008
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/27/2015

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: Family Practice

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 49-year-old male, who sustained an industrial injury on 01/18/2008. The diagnoses have included backache, pain in lower leg joint, and pain in joint at shoulder region. Noted treatments to date have included injections and medications. No MRI report noted in received medical records. In a progress note dated 01/07/2015, the injured worker presented with complaints of pain in the lower back, mid back, and right knee. The treating physician reported the injured worker's pain worsens with increased activity and movement and gets better by injections, taking medications, and resting. Utilization Review determination on 02/23/2015, non-certified the request for 1 bottle of Synapryn 10mg/ml Oral Suspension 500ml, 1 bottle of Tabradol 1mg/ml Oral Suspension 250ml, and 1 bottle of Deprizine 15mg/ml Oral Suspension 250ml citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bottle of Synapryn 10mg/ml oral suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain chapter Page(s): 111, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids , Glucosamine (and Chondroitin Sulfate) Page(s): 74-96, 49-50. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416>, Official Disability Guidelines, Pain Chapter, Compound drugs.

Decision rationale: Per nih.gov, Synapryn oral suspension contains tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit. Per the MTUS guidelines, long-term use of opioids is not supported. In addition, per ODG, compound drugs are not recommended as a first-line therapy. In this case, the medical records do not support the request for a compounded medication and Synapry is not FDA approved. The request for 1 bottle of Synapryn 10mg/ml oral suspension 500ml is not medically necessary.

1 bottle of Tabradol 1mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain chapter Page(s): 111, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation drugs.com.

Decision rationale: Trabradol oral suspension consists of Cyclobenzaprine, and per the MTUS guidelines, muscle relaxants are not supported for long-term use. This medication is not FDA approved and cyclobenzaprine is not appropriate for ongoing use. The request for 1 bottle of Tabradol 1mg/ml oral suspension 250ml is not medically necessary.

1 bottle of Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain chapter Page(s): 111, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation drugs.com.

Decision rationale: Deprizine consists of Ranitidine. This medication is not FDA approved and in the event of gastrointestinal irritation, Ranitidine is available in an oral formulation. In addition, medications in this class are supported by the MTUS guidelines, if there is indication of history of peptic ulcer, gastrointestinal bleeding or perforation. The medical records do not establish that the injured worker is at high risk for developing gastrointestinal events. The medical necessity of a providing the injured worker with an H2 antagonist in an oral suspension is not supported. The request for 1 bottle of Deprizine 15mg/ml oral suspension 250ml is not medically necessary.