

Case Number:	CM15-0044042		
Date Assigned:	03/13/2015	Date of Injury:	10/29/2012
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/09/2015

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 40 year old male, who sustained an industrial injury on 10/29/2012, while employed as a foreman. He reported a fall, injuring his lower back and left hip. The injured worker was diagnosed as having lumbar radiculopathy secondary to disc herniation and the left L5-S1 level. Treatment to date has included conservative measures, including magnetic resonance imaging of the lumbar spine (1/21/2013), physical therapy, neurostimulation therapy, shockwave therapy, chiropractic, and medications. A progress report, dated 7/24/2014, noted complaints of low back and left hip pain, rated 7/10, and the use of Synapryn. Currently (1/28/2015), the injured worker complains of pain that radiated to his bilateral lower extremities, left greater than right. Recent electromyogram and nerve conduction studies of the left lower extremity were referenced. Physical exam noted 4/5 strength of the left dorsiflexors, plantar flexors, and hamstring muscles. Decreased sensation in the dorsal aspect of the left foot was noted. His gait was slow and he was unable to stand on his left foot, noting balance loss. The previous PR2 report, dated 12/16/2014, noted radicular low back pain with muscle spasms, and left hip pain with muscle spasms. Pain was rated 7-8/10. The treatment plan included medication refills of currently prescribed medications, including Synapryn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml oral suspension, 500ml (1 tsp 3x a day): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 78, 93, 94.

Decision rationale: Synapryn is an oral suspension of the medication Tramadol combined with Glucosamine. This compounded oral product is not addressed specifically in the MTUS. Regarding the Tramadol component, Per MTUS Chronic Pain Medical Treatment Guidelines page 78 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 nonadherent) 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 available medical records reveals no documentation to support the medical necessity of tramadol or 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 discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Regarding Glucosamine, the California MTUS Chronic Pain Medical Treatment Guidelines supports Glucosamine as an option, given the low risk in patients with moderate knee osteoarthritis. Review of the available medical records, fails to document a diagnosis or imaging studies demonstrating osteoarthritis of the knees and rather there are complaints of low back pain and hip pain. As such, this request is also not medically necessary. Regarding the use of multiple medications, MTUS page 60 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." It would be optimal to trial each medication individually. Therefore, this request is not medically necessary.