

Case Number:	CM15-0048012		
Date Assigned:	03/20/2015	Date of Injury:	08/17/2010
Decision Date:	07/28/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on 08/17/2010. He has reported injury to the neck, left shoulder, and low back. The diagnoses have included cervical spine pain; cervical disc degeneration; cervical disc displacement; right shoulder tenosynovitis; supraspinatus tendinosis of left shoulder; status post left shoulder arthroscopy with residual pain; low back pain; lumbar disc degeneration; lumbar disc displacement; and grade II anterolisthesis of L5 over S1. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Tabradol, Deprizine, Synapryn, Dicopanol, Fanatrex, Ketoprofen Cream, and Cyclobenzaprine Cream. A progress note from the treating physician, dated 01/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of burning, radicular neck pain and muscle spasms; the pain is frequent to constant and rated as 6/10 on a pain analog scale; the pain radiates to the bilateral upper extremities and is associated with numbness and tingling; left shoulder pain, status post left shoulder arthroscopy; the pain is intermittent and rated as 7/10 on a pain analog scale; burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms; the pain is rated as 7/10 on a pain analog scale; burning, radicular low back pain and muscle spasms; the pain is constant and rated as 8/10 on a pain analog scale; it radiates to the bilateral lower extremities and is associated with numbness and tingling; burning bilateral knee pain and muscle spasms; the pain is constant and rated as 7/10 at the right knee, and rated as 8/10 at the left knee; the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep; and pain is also alleviated by activity

restrictions. Objective findings included +2 tenderness to palpation at the suboccipital and scalene muscles of the cervical spine; cervical spine range of motion is decreased; Spurling's and cervical compression tests are positive on the left and right; tenderness to palpation at the acromioclavicular joint and subacromial space of the bilateral shoulders; tenderness to palpation over the rotator cuff tendons insertion site bilaterally; decreased range of motion of the bilateral shoulders; positive empty can test and Neer's impingement sign; tenderness to palpation at the bilateral posterior superior iliac spine and there is right-sided lumbar paraspinal muscle guarding; lumbar range of motion is decreased; straight leg raise tests are positive on the left and the right; tenderness to palpation at the medial and lateral joint line in both knees, greater on the left; and range of motion is decreased in the bilateral knees. The treatment plan has included the request for Oral suspension- Synapryn/Tabradol/Deprizine/Dicoprofanol/Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral suspension- Synapryn/Tabradol/Deprizine/Dicoprofanol/Fanatrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain Section Opioids, Specific Drug List Section Cyclobenzaprine Section NSAIDs, GI Symptoms & Cardiovascular Risk Section Antiepilepsy Drugs Section Page(s): 16-19, 41, 42, 63, 64, 68, 69, 82, 83, 93, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: Synapryn is an oral suspension of tramadol. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. Tabradol is cyclobenzaprine in oral suspension. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The use of cyclobenzaprine is only recommended as an option, using a short course of therapy with the greatest effect in the first 4 days of treatment. Deprizine contains ranitidine hydrochloride in an oral suspension. Ranitidine is an H2 receptor antagonist. The guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. Dicoprofanol is an oral suspension of diphenhydramine, and is used as a sleep aid for insomnia. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices have been utilized prior to utilizing a pharmacological sleep aid. Fanatrex is an oral suspension of gabapentin. The MTUS Guidelines recommend gabapentin as first-line therapy for painful polyneuropathy. It is also recommended for postherpetic neuralgia, central pain,

peripheral neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. In this case, the treating physician does not explain why all of the different medications are needed for the treatment of this injured worker or why the traditional oral forms are not tolerated. The request for oral suspension- Synapryn/Tabradol/Deprizine/Dicopanol/Fanatrex is not medically necessary.