

<b>Case Number:</b>	CM15-0056336		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/03/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic shoulder, elbow, neck, and wrist pain reportedly associated with an industrial injury of February 3, 2009. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve a request for Tabradol, Deprizine, and Synapryn. A RFA form of January 28, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a highly templated progress note dated January 20, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, shoulder, wrist, hand, mid-back, knee, and ankle pain. Multiple dietary supplements and topical compounds were endorsed, along with platelet-rich plasma injections for the knee and shoulder, a pain management consultation, and electrodiagnostic testing of bilateral upper and bilateral lower extremities. The applicant's complete medication list was not, however, detailed.

### 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 take 1 tsp. 2-3 a day #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation TABRADOL - DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...TABRADOL. (cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit).

**Decision rationale:** No, the request for Tabradol was not medically necessary, medically appropriate, or indicated here. Tabradol, per the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain Medical Treatment Guidelines notes that muscle relaxants such as cyclobenzaprine are not recommended for compound formulation purposes. Since one or more ingredients in the compound were recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Deprizine 15mg/ml oral suspension 250ml take 2 tsp. OD #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Similarly, the request for Deprizine (ranitidine), an H2 antagonist, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that H2 antagonist such as ranitidine are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia evident on the January 20, 2015 progress note at issue. Therefore, the request was not medically necessary.

**Synapryn 10mg/1ml oral suspension 500ml take 1 tsp. 3 times a day as directed #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation SYNAPRYN - DailyMeddailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...SYNAPRYN. (tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit).

**Decision rationale:** Finally, the request for Synapryn was likewise not medically necessary, medically appropriate, or indicated here. Synapryn, per the National Library of Medicine (NLM), is an amalgam of glucosamine and tramadol. However, page 50 of the MTUS Chronic Pain Medical Treatment Guidelines notes that glucosamine is recommended as an option in the treatment of applicants with moderate arthritis pain, especially pain associated with knee

arthritis. Here, however, there was no mention of the applicant is having arthritic pain, and/or pain associated with knee arthritis evident on January 28, 2015 office visit at issue. Therefore, the request was not medically necessary.