

Case Number:	CM15-0074690		
Date Assigned:	04/28/2015	Date of Injury:	05/18/2013
Decision Date:	08/13/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York
Certification(s)/Specialty: Internal 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 31-year-old female who sustained an industrial injury on 05/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications and a right knee arthroscopy. Diagnostic studies are not addressed. Current complaints include right knee pain. Current diagnoses include right knee derangement and deep vein thrombosis. In a progress note dated 02/18/15 the treating provider report the plan of care as medications including Deprizine, Discopanol, Fanatrex, Synapryn, Tobradol, a Functional Capacity Evaluation, physical therapy, and acupuncture. The requested treatments include Deprizine, Discopanol, Fanatrex, Synapryn, Tobradol, a Functional Capacity Evaluation, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter --Physical medicine treatment.

Decision rationale: The prescription for Physical Therapy is evaluated in light of the MTUS and Official Disability Guidelines (ODG) recommendations for Physical Therapy MTUS recommends 1) Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 2) Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. For Knee Pain and Effusion of joint, Official Disability Guidelines (ODG) recommends physical therapy for 9 visits over 8 weeks. 18 physical therapy visits exceed the recommendations, therefore, the prescription for 18 visits is not medically necessary. Medical necessity of the requested item has not been established.

18 acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Per the MTUS, "acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Medical necessity for any further acupuncture is considered in light of "functional improvement." There was no discussion by the treating physician regarding a decrease or intolerance to pain medications. Also 18 visits of acupuncture exceed the MTUS recommendation. Given the MTUS recommendations for use of acupuncture, the prescription for 18 visits is not medically necessary.

500ml Synapryn 10mg/1ml (oral suspension): 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 Glucosamine (and Chondroitin Sulfate) Medications for chronic pain Opioids Topical Medications Page(s): 50, 60, 77-80, 111-113.

Decision rationale: Synapryn 500ml (tramadol with glucosamine) oral suspension. Given that tramadol is generally used as needed medication to be used as little as possible, and that glucosamine (assuming a valid indication) is to be taken regularly regardless of acute symptoms, the combination product is illogical and not indicated. Tramadol is prescribed without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Opioids are minimally indicated, if at all, for chronic back pain. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS provides support for treating moderate arthritis pain, particularly knee OA, with glucosamine sulphate. Other forms of glucosamine are not supported by good medical evidence. The treating physician in this case has not provided evidence of the form of glucosamine in Synapryn, and that it is the form recommended in the MTUS and supported by the best medical evidence. And should there be any indication for glucosamine in this case, it must be given as a single agent apart from other analgesics, particularly analgesics like tramadol which are habituating. Synapryn is not medically necessary based on the MTUS, lack of good medical evidence, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

250ml Tabradol 1mg/ml (oral suspension): 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 Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

Decision rationale: Tabradol is cyclobenzaprine in an oral suspension. According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if the injured worker has shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary

250ml Deprizine 15mg/ml (oral suspension): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The prescription for Deprizine is evaluated in light of the MTUS recommendations. Deprizine is ranitidine in an oral suspension. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. If ranitidine is prescribed as cotherapy with an NSAID, ranitidine is not the best drug. Cotherapy with an NSAID is not indicated in patients

other than those at high risk. No reports describe the specific risk factors present in this case. The request is not medically necessary.

150ml Dicopanol 5mg/ml (oral suspension): 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 Medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Insomnia Treatment.

Decision rationale: Official Disability Guidelines (ODG) state Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. The treating physician has stated that Dicopanol is diphenhydramine and other proprietary ingredients. Medical necessity cannot be determined for unspecified compounds, and unpublished ingredients cannot be assumed to be safe or effective. Dicopanol is not medically necessary on this basis alone. In addition, Dicopanol is stated to be for insomnia. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Official Disability Guidelines states that antihistamines are not indicated for long term use as tolerance develops quickly, and that there are many, significant side effects. MTUS states Medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. Dicopanol is not medically necessary based on lack of a sufficient analysis of the patient's condition, and lack of information provided about the ingredients.

420ml Fanatrex 25mg.ml (oral suspension): 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 Antiepilepsy drugs (AEDs) Page(s): 16-20, 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-- Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: Fanatrex is stated to be a formulation of gabapentin. None of the physician reports adequately discuss the signs and symptoms diagnostic of neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. AEDs have a significant risk of teratogenicity and alterations in contraceptives, and this must be discussed with the patient. There is no evidence that this reproductive-age woman has been counseled regarding this significant issue. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of counseling and consent regarding the reproductive risks, and the lack of significant symptomatic and functional benefit from its use to date.

1 functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Work conditioning, work hardening.

Decision rationale: This chapter of MTUS/ACOEM (Cornerstones of Disability Prevention and Management) examines tools and techniques which have proven effective in assisting workers to remain engaged in society at all levels. It also examines the role of each of the participants in the stay-at work/return-to-work. In order for an injured worker to stay at or return successfully to work, he or she must be physically able to perform some necessary job duties. This does not necessarily mean that the worker has fully recovered from the injury, or is pain-free; it means that the worker has sufficient capacity to safely perform some job duties. Known as functional recovery, this concept defines the point at which the worker has regained specific physical functions necessary for reemployment. While return to modified- or temporary-duty work is an important first step in the functional improvement of workers with health concerns, it must be managed carefully. The factors contributing to absences from work are complex. Some factors are medically related; others are personal or related to family, job, worksite, or the economy. ODG states valid Functional Capacity Evaluation (FCE) should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs. Within the medical information available for review, the injured worker has chronic pain and there is no indication the injured worker is close or at maximum-medical-improvement (MMI). There is no documentation of prior unsuccessful return-to-work (RTW) attempts. Medical records lack information about job description, physical demand level and specific work-related tasks. Also records do not document injured worker's return to work goals. Requested Treatment Functional Capacity Evaluation is not medically necessary and appropriate.