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| <b>Case Number:</b>   | CM15-0088538 |                              |            |
| <b>Date Assigned:</b> | 05/12/2015   | <b>Date of Injury:</b>       | 03/27/2012 |
| <b>Decision Date:</b> | 06/18/2015   | <b>UR Denial Date:</b>       | 04/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2015 |

### 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 29-year-old male, who sustained an industrial injury on 3/27/2012. The mechanism of injury is not indicated. The injured worker was diagnosed as having right wrist internal derangement, right wrist carpal tunnel syndrome, right wrist pain, low back pain, and lower extremity radiculitis. Treatment to date has included medications, activity restrictions; the request is for Synapryn, Tabradol, and Deprizine. On 3/11/2015, he complained of burning right wrist pain and muscle spasms. He rated the pain as 6/10, and indicated he experienced weakness, numbness and tingling of the hand and fingers. He also complained of low back pain rated 6/10 with associated numbness and tingling of the bilateral lower extremities. He indicated medications offer him temporary relief of pain and improve his ability to have restful sleep. The treatment plan included: electrodiagnostic studies, x-rays of the chest, Terocine patches, continue shockwave therapy, referral to a pulmonologist, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Gabapentin, and Flurbiprofen. There are no other medical records available for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synapryn 10mg/ 1ml 500ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Neuropathic Pain Section Opioids, Specific Drug List Section Page(s): 82, 83, 93, 94.

**Decision rationale:** Synapryn is an oral suspension of tramadol. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. There is no medical documentation revealing a significant decrease in pain or increase in function while taking Synapryn, therefore, the request for Synapryn 10mg/ 1ml 500ml is determined not be medically necessary.

**Tabradol 1mg/10ml 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 41, 42, 63, 64.

**Decision rationale:** 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. The injured worker has pain from an injury that occurred over 3 years ago, and there is no indication in the history of an acute exacerbation that may benefit from the use of a muscle relaxant. The request for Tabradol 1mg/10ml 250ml is determined to not be medically necessary.

**Deprizine 15mg/ml 250ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** 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. There is no indication that the injured worker is at increased risk of a gastrointestinal event as he is under the age of 65 with no additional criteria as listed in the guidelines. The request for Deprizine 15mg/ml 250ml is determined to not be medically necessary.