

<b>Case Number:</b>	CM15-0088782		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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, Florida, 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 51-year-old male, who sustained an industrial injury on 08/25/2014. The injured worker is currently off work. The injured worker is currently diagnosed as having cervical spine sprain/strain, right shoulder sprain/strain, right wrist and hand pain, rule out right wrist carpal tunnel syndrome, pain in right hand fingers, low back pain, lumbar spine sprain/strain, and rule out lumbar radiculopathy. Treatment and diagnostics to date has included right hand MRI, right wrist MRI, right hand MRI, right shoulder MRI, cervical spine MRI, lumbar spine MRI, physical therapy, and medications. In a progress note dated 01/16/2015, the injured worker presented with complaints of neck pain, right shoulder pain, right wrist and hand pain, and low back pain. Objective findings include bilateral lumbar muscle guarding, tenderness to palpation over the lumbar spine, and diminished sensation over the cervical dermatomes in the bilateral upper extremities. The treating physician reported requesting authorization for Synapryn, Tabradol, and Deprizine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments, 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 12, 13, 83 and 113 of 127.

**Decision rationale:** This claimant was injured almost a year ago. They were strain injuries, pain complaints, and rule out conditions. There is still significant pain. Synapryn is tramadol hydrochloride 10 mg/ml, in oral suspension with glucosamine - compounding kit). The most pharmacologically active component is the Tramadol per the MTUS; Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not medically necessary.

**Tabradol 1mg/ml oral suspension 250 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

**Decision rationale:** This claimant was injured almost a year ago. They were strain injuries, pain complaints, and rule out conditions. There is still significant pain. No acute injury spasm is noted, which is a prime indication for a short-term muscle relaxant. Tabradol is a formulation of cyclobenzaprine. The MTUS recommends cyclobenzaprine for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. Therefore, the request is not medically necessary.

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

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** This claimant was injured almost a year ago. They were strain injuries, pain complaints, and rule out conditions. There is still significant pain. There is no sign of a

depressive disorder in the records. There is no mention of severity of depressive symptoms. Deprazine is an antidepressant. The MTUS is silent on this medicine. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that is moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder. The request is appropriately not medically necessary.