

<b>Case Number:</b>	CM14-0117568		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	04/12/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old with a reported date of injury of 04/12/2011 and 01/01/2012. The patient has the diagnoses of cervicgia, cervical radiculopathy, cervical sprain/strain, bilateral shoulder impingement, bilateral shoulder sprain/strain, bilateral wrist pain, bilateral wrist sprain/strain, ganglion cyst of the right third metacarpal head, hand pain, dislocation/sprain of the right metacarpophalangeal joint, lumbago, lumbar radiculopathy, lumbar sprain/strain, left knee internal derangement, left knee sprain/strain, sleep disorder and anxiety. Per the most recent progress reports provided for review from the primary treating physician dated 05/05/2014, the patient had complaints of burning radicular neck pain, burning bilateral shoulder pain, burning bilateral wrist pain with numbness, burning low back pain with radiation into the left leg and burning left knee pain. The physical exam noted cervical paraspinal tenderness with a positive Spurling's, cervical distraction and compression test and restricted range of motion. The shoulder exam noted tenderness with trigger points, decreased range of motion and positive Neer's, Hawkin's and Jobe's tests. The wrist exam noted tenderness, decreased range of motion and positive Tinel's, Phalen's, wrist compression and Finkelstein's test. There was decreased sensation in the C5-C7 dermatomes. The lumbar exam noted paraspinal tenderness, decreased range of motion and positive tripod sign, flip-test and Lasegue's differential. The knee exam noted tenderness over the medial joint line, decreased range of motion and positive patellar compression test and Apley's maneuver. The treatment plan recommendations included continuation of medications, pain management consult, orthopedic surgery consult, MRI of the cervical spine, bilateral shoulder, bilateral wrists, lumbar spine and left knee, EMG?NCV of the upper and lower extremities and Terocine patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trabradol 1mg Oral Suspension 250ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The long term chronic use of this medication is not recommended per the California MTUS. The medication has not been prescribed for the acute flare up of chronic low back pain. The specific use of this medication for greater than 3 weeks is not recommended per the California MTUS. The criteria set forth above for its use has not been met. Therefore the request is not medically necessary.

**Deprizine 15mg Oral Suspension 250ml:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference

**Decision rationale:** The California MTUS, ACOEM and the ODG do not specifically address the requested medication. Per the PDR, the requested medication is an oral suspension form of ranitidine. Ranitidine is a H2 blocker indicated for the use in the treatment and prevention of gastric and small bowel ulcers and the symptomatic treatment of GERD. The provided documentation does not show that the patient has any of these disease states. There is also no rationale for an oral suspension versus the more traditional over the counter pill form of this medication. Therefore the request is not medically necessary.

**Synapryn 10mg/1ml Oral Suspension 500ml: 1 tsp (5ml ) 3x/ day:** 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 Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000). (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication. There is no documentation of significant improvement in VAS scores while on the medication. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary.