

Case Number:	CM14-0127633		
Date Assigned:	09/05/2014	Date of Injury:	03/31/2006
Decision Date:	09/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 46 year-old patient sustained an injury on 3/31/06 while employed by [REDACTED]. Request(s) under consideration include Synapryn (dosage and quantity not specified), Deprizine (dosage and quantity not specified), and Fanatrex (dosage and quantity not specified). Diagnoses include Cervicalgia. Report of 6/17/14 from the provider noted the patient with ongoing chronic radicular pain associated with muscle spasms, numbness and tingling into bilateral lower extremities. Exam of cervical spine showed tenderness at paraspinals, trapezius, scalene muscles; diffusely decreased range of motion, decreased sensation and myotomes bilaterally; lumbar spine with well-healed incision, positive tripod and flip tests bilaterally, decreased sensations and myotomes bilaterally. MRI of lumbar spine dated 4/30/12 noted s/p micro-laminectomy at L5-S1, recurrent 2-3 mm disc L5-S1, disc dessication and disc protrusion at L4-5, central and foraminal stenosis at L3-4. The request(s) for Synapryn (dosage and quantity not specified), Deprizine (dosage and quantity not specified), and Fanatrex (dosage and quantity not specified) were non-certified on 8/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn(dosage and quantity not specified): 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): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. In addition, submitted reports have not adequately demonstrated the specific indication to support for Synapryn oral suspension with active ingredient, Tramadol over oral pills. Synapryn (dosage and quantity not specified) is not medically necessary and appropriate.

Deprizine (dosage and quantity not specified): 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 and Cardiovascular risk Page(s): 68-69.

Decision rationale: Deprizine has active ingredient, Ranitidine, a medication prescribed for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Ranitidine namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment nor any indication that require medication to be in an oral suspension form. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant treatment with this oral suspension. Deprizine (dosage and quantity not specified) is not medically necessary and appropriate.

Fanatrex (dosage and quantity not specified): 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 Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

Decision rationale: Although, Fanatrex oral suspension which has the active ingredient for the anti-epileptic medication, Gabapentin, has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific indication to support for Fanatrex oral suspension over oral pills or its functional benefit from treatment previously rendered. The Fanatrex (dosage and quantity not specified) is not medically necessary and appropriate.