

<b>Case Number:</b>	CM14-0136354		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 76 year-old male was reportedly injured on 11/23/2011. The mechanism of injury is noted as he tripped on an empty pallet and landed on his left knee. The most recent progress notes dated 6/27/2014 and 7/2/2014, indicate that there are ongoing complaints of neck, left shoulder, low back and bilateral knee pain. Physical examination demonstrated tenderness to occiput, paracervical-lumbar musculature, left shoulder, and knee joint lines; restricted range motion in the cervical & lumbar spine, left shoulder, and knees bilaterally; positive cervical distraction & compression tests; positive straight leg raise test bilaterally; decrease sensation in the left L4, L5 and S1 dermatomes; motor strength is 4/5 in all represented muscle groups in the lower extremities; deep tendon reflexes are 2+ and symmetrical in the lower extremities; and antalgic gait. No recent diagnostic imaging studies available for review. Diagnosis: cervical radiculopathy, cervicgia, left shoulder internal derangement, low back pain, radiculopathy, residual knee pain status post left knee surgery, and bilateral knee internal derangement. Previous treatment includes left total knee arthroplasty, physical therapy, chiropractic treatment and medications. A request had been made for a compound oral suspension - Synapryn (Tramadol and glucosamine) (10mg/ml oral suspension 500ml), Tabradol (cyclobenzaprine) (1mg/ml oral suspension 250ml), Deprizine 5mg/ml oral suspension (ranitidine) 250ml, Dicopanol (diphenhydramine)5mg/ml, and Fanatrex (gabapentin), which were not certified in the utilization review on 8/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound oral suspension-Synapryn (Tramadol and glucosamine) (10mg/ml oral suspension 500ml): 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 Page(s): 50, 82, 113 of 127.

**Decision rationale:** MTUS guidelines support the use of Tramadol (Ultram) for short-term treatment of moderate to severe pain after there has been evidence of failure of a first-line option and documentation of improvement in pain and function with the medication. MTUS guidelines also support glucosamine and chondroitin sulfate as an option for moderate knee osteoarthritis. Review of the available medical records, fails to document a diagnosis or imaging studies demonstrating osteoarthritis of the knees. Given the lack of documentation, this request is not medically necessary.

**Tabradol (cyclobenzaprine) (1mg/ml oral suspension 250ml): 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): 41, 64 of 127.

**Decision rationale:** MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury (2011) and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Deprizine 5mg/ml oral suspension (ranitidine) 250ml: 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 Page(s): 68-69 of 127.

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) and H-2 blockers in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress or GERD which would require ranitidine treatment. As such, this request is not considered medically necessary.

**Dicopanol (diphenhydramine)5mg/ml: 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 Page(s): 65 of 127.

**Decision rationale:** Diphenhydramine (Dicopan<sup>ol</sup>) belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. This medication has abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic pain. Review of the available medical records, documents chronic neck, shoulder, low back and knee pain since a work-related injury in November 2011. As this medication is indicated for short-term use by the CA MTUS treatment guidelines, the request is not considered medically necessary.

**Fanatrex (gabapentin):** 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 Page(s): 16-18 of 127.

**Decision rationale:** MTUS treatment guidelines supports Gabapentin for the first-line treatment of neuropathic pain. Review of the available medical records, fails to document any objective findings consistent with neuropathic or radicular pain. Furthermore, there is no recent MRI of the cervical for lumbar spine available for review, or electro-diagnostic studies to confirm the diagnosis of radiculopathy. As such, this request is not considered medically necessary.