

<b>Case Number:</b>	CM14-0158494		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Occupational Medicine 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:

There were 172 pages provided for this review. Per the orthopedic consultation progress report from August 4, 2014, the patient complained of headaches. They were becoming more frequent at about three times a week. There was burning radicular low back pain and muscle spasm. The pain was constant, moderate to severe. It was rated as seven out of 10. It was aggravated by prolonged positioning that included sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs and stooping. There was tenderness to palpation over the lumbar spine. There was range of motion limitations. The patient was advised to use medicines and also chiropractic therapy. The diagnoses were headaches, left side inguinal pain, improved lower back and lumbar radiculopathy. The date of injury was September 19, 2012. No surgeries are documented. There was no documented diagnostic imaging. It is not clear why the liquid forms of these medicines are being requested as opposed to simple tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tabradol 1mg/ml oral suspension 250 ml 1tsp (5ml) OD: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

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

**Decision rationale:** 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, this request is not medically necessary.

**Deprizine 15 mg/ml oral suspension 250 ml 2 tsp (10ml) OD: Upheld**

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

**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, Antidepressants

**Decision rationale:** Deprizine is an antidepressant. The MTUS is silent on this medicine. Regarding antidepressants to treat a major depressive disorder, the Official Disability Guidelines 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. Therefore, this request is not medically necessary.

**Dicopanol (Diphenhydramine) 5 mg/ml oral suspension 150 ml 1 ml PO HS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment Section

**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 References, 2014 web edition

**Decision rationale:** Dicopanol is a suspension including Diphenhydramine. Per the Physician Desk Reference, this is a medicine used for allergy. The records do not portray the patient as having an allergic condition. The use of the medicine to aid the injury care is not clinically clear based on the records. Therefore, this request is not medically necessary.

**Synapryn (10 mg/1 ml oral suspension) 500 ml 1 tsp (5ml) TID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 12, 13, 83, 113.

**Decision rationale:** 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 supported. Therefore, this request is not medically necessary.