

Case Number:	CM14-0097913		
Date Assigned:	09/16/2014	Date of Injury:	03/23/2013
Decision Date:	10/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/26/2014

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 Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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 injured worker is a 36 year old female who sustained cumulative injuries during from 02/06/13 to 04/18/13, as well as specific injury on 03/23/13, while working as a dental assistant. During this period, she noted gradual onset of pain in her hands and fingers due to continuous use of her hands to hold tubes, as well as wearing too small hand gloves. The injured worker was also involved in a work related accident on 03/23/13 sustaining injuries to her neck and shoulders when a part of the wall above her broke and fell, hitting her neck and right arm. Current diagnoses include headache, radiculopathy in the cervical region, cervicgia, right shoulder internal derangement, and carpal tunnel syndrome. A clinical note dated 06/14/14 indicated the injured worker complains of burning, radicular neck and muscle spasms, greater on the right side. The pain was described as constant, moderate to severe, and rates it as 6-9/10. The pain is aggravated by looking up, looking down, and side to side, as well as repetitive motion of the head and neck. Her pain is also associated with numbness and tingling in the right upper extremity. The right shoulder pain is described as burning radiating down the arm, elbow, and to the fingers associated with muscle spasms, and rates it as 6-9/10. Pain is described as moderate to severe, aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. The injured worker also complains of bilateral burning wrist pain with muscle spasms, described as moderate to severe, and rates it as 6-9/10. Pain is aggravated by gripping, reaching, grasping, pulling and lifting. There was also numbness, weakness, tingling and pain radiating to the hands and fingers. The injured worker reported the symptoms persist, but the medications do offer temporary relief of pain and improve his ability to sleep. The injured worker has had acupuncture but it just worsened the pain. Examination of the cervical spine revealed tenderness at the right aspect of the occiput, the paracervicals, splenius, scalenes, and trapezius. Cervical distraction and compression tests are positive bilaterally. The cervical range

of motion is normal. Examination of the right shoulder showed tenderness at the acromioclavicular joint, subacromial space, trapezius, levator scapula and rhomboid muscles with trigger points noted. Ranges of motion of the right shoulder revealed flexion of 140 degrees, extension of 20 degrees, abduction of 140 degrees, external rotation of 60 degrees, and internal rotation of 45 degrees. Neer's, Hawkins and Speed's test were positive. Examination of bilateral wrists revealed tenderness at the carpal tunnel bilaterally. Tinel's, Phalen's, and Finkelstein's tests were positive. Sensation to light touch and pinprick were slightly diminished over C5, C6, C7, C8 and T1 dermatomes in the right upper extremity. Motor strength is 4/5 in all muscle groups in the bilateral upper extremities. Past treatments included acupuncture and pain medications. A work status note, dated 06/27/14 indicates the injured worker is released to return to modified duty. The previous requests for 1 prescription of Synapryn 10 mg/ 1 ml. oral suspension 500 ml, 1 prescription Tabradol 1 mg/ ml oral suspension, 250 ml, 1 prescription Deprizine 15 mg/ ml oral suspension 250 ml, 1 prescription dicopanor 5 mg/ml. oral suspension 150 ml, and 1 prescription Fanatrex 25 mg/ ml oral suspension 420 ml were denied in the pre-authorization process on 06/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Synapryn 10 mg./ 1 ml. oral suspension 500 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): 50 OF 127.

Decision rationale: As noted on page 50 of the Chronic Pain Medical Treatment Guidelines, Synapryn contains Tramadol and glucosamine. There is no indication in the documentation the patient has been diagnosed with osteoarthritis requiring the use of glucosamine. Moreover, there is no evidence in the documentation the patient is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request cannot be recommended as medically necessary.

1 prescription Tabradol 1 mg./ ml oral suspension, 250 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): 41-42 OF 127.

Decision rationale: As noted on page 41 of Chronic Pain Medical Treatment Guidelines, Tabradol contains cyclobenzaprine, methylsulfonylmethane, and other proprietary ingredients. Methylsulfonylmethane is considered a nutritional supplement and is regulated by the United States Federal Drug Administration; it has not been approved for the treatment of osteoarthritis.

Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Moreover, there is no evidence in the documentation the patient is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request cannot be recommended as medically necessary.

1 prescription Deprizine 15 mg/ ml oral suspension 250 ml.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM-online version, Deprizine contains ranitidine, which is an H2RA utilized in the prophylactic treatment of gastritis associated with non-steroidal anti-inflammatory drug use. There is no indication that the patient cannot benefit from over-the-counter proton pump inhibitors if required. Moreover, there is no evidence in the documentation the patient is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request cannot be recommended as medically necessary.

1 prescription dicopanol 5 mg./ml. oral suspension 150 ml.: 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 .Official Disability Guidelines (ODG), online version, Insomnia treatment

Decision rationale: As per the Official Disability Guidelines, Dicopanol contains diphenhydramine and other proprietary ingredients and is used for the treatment of insomnia. Additionally, the patient has no documented diagnosis of insomnia that has failed attempts at previous prescription medications or behavior modification. Moreover, there is no evidence in the documentation the patient is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request cannot be recommended as medically necessary.

1 prescription Fanatrex 25 mg./ ml oral suspension 420 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): 49.

Decision rationale: As per the Chronic Pain Medical Treatment Guidelines, Fanatrex contains gabapentin which is an option for neuropathic pain. Objective findings fail to establish the presence of neuropathy. Moreover, there is no evidence in the documentation the patient is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request cannot be recommended as medically necessary.