

Case Number:	CM14-0099258		
Date Assigned:	07/28/2014	Date of Injury:	07/23/2012
Decision Date:	10/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/27/2014

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 29 year-old individual was reportedly injured on July 23, 2012. The mechanism of injury is noted as a minor blunt force trauma to the right hand, which somehow involved in the right shoulder. The most recent progress note, dated June 2, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decrease in lumbar spine range of motion, straight leg raising negative to 90 bilaterally, deep tendon reflexes were 2+ equal bilaterally, and motor function was described as 5/5 bilaterally. Diagnostic imaging studies did not identify any acute osseous abnormalities. Electrodiagnostic studies were also completed. Previous treatment includes conservative care, medications, physical therapy, acupuncture and other pain management interventions. A request had been made for multiple medications and was denied in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml 500mg #1: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127..

Decision rationale: As outlined in the MTUS, this medication is not recommended as a first-line treatment for pain control. Furthermore, there is no indication why this medication cannot be consumed and established form and lastly the progress notes presented for review do not objectified any specific increase in functionality or decrease in symptomology. Therefore, based on the parameters noted in the MTUS tempered by the narrative offered by the requesting provider there is no clinical indication for the medical necessity of this preparation.

Tabradol 1mg/ml 250mg #1: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

Decision rationale: This is an oral suspension of the medication cyclobenzaprine. As noted in the MTUS, the guidelines support the use of this type of skeletal muscle relaxant only in the short term to address acute flares of myofascial strain. The records reflect a chronic, indefinite and continued use of this medication. When noting the finding a physical examination tempered by the changes identified in the MTUS there is insufficient clinical evidence presented demonstrating the medical necessity of this medication.

Deprizine 15mg/ml 250ml #1: 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 < 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: This medication is a compound oral suspension preparation of a protein pump inhibitor. This medication is indicated for the treatment of gastroesophageal reflux disease or as a protectorate for non-steroidal medications. When noting the date of injury, the injury sustained, the current physical examination presented for review as well as the specific notation there were no gastrointestinal complaints or findings on physical examination there simply is no clinical indication presented for the medical necessity of this operation. Therefore, this is not clinically indicated or medically necessary.

Dicopanl 5mg/ml 150ml #1: 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 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 65.

Decision rationale: Orphenadrine is a derivative of diphenhydramine and 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. It is also useful as an alternative to Gabapentin for those who are intolerant of the Gabapentin side effects. 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 low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as Gabapentin. Given the MTUS recommendations that this be utilized as a 2nd line agent, the request is deemed not medically necessary.

Fanatrex 25mg/ml 420ml #1: 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 8 C.C.R. 9792.20 - 9792.26 .MTUS (Effective July 18, 2009) Page(s): 16-18.

Decision rationale: This is a medication that is an anti-epilepsy drug with a recommendation as outlined in the MTUS to address neuropathic pain. However, there is objectification of a neuropathic pain generator. Furthermore, based on the notes reviewed there is no objectified efficacy or utility noted with this medication. Therefore, this oral suspension, compounded medication, which is basically gabapentin and intended to treat seizures does not have a medical indication case.