

Case Number:	CM14-0187129		
Date Assigned:	11/17/2014	Date of Injury:	04/25/2011
Decision Date:	05/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Anesthesiology

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 31 year old female, who sustained an industrial injury on 4/25/11. She has reported neck and back injuries. The diagnoses have included cervical spine strain/sprain, cervical disc displacement, cervical radiculopathy, thoracic spine pain, thoracic spine strain/sprain, low back pain, lumbar radiculopathy and fracture of L2. Treatment to date has included medications and no other treatments were noted. Currently, as per the physician progress note dated 9/30/14, the injured worker complains of dull achy neck pain with spasms. The pain was associated with numbness and tingling in the bilateral upper extremities. The pain was rated 6-7/10 on pain scale. She complains of dull mid back pain with spasms. She rates the pain 7/10 on pain scale. She also complains of sharp, stabbing, low back pain with muscle spasms. She rates the pain 7/10 on pain scale and it is associated with numbness and tingling in the bilateral lower extremities. She states that the symptoms persist but the medications offer temporary relief of pain and improve her sleep. The pain is also alleviated by activity restrictions. Physical exam of the cervical spine revealed tenderness, decreased range of motion, positive cervical distraction test bilaterally, and motor strength is decreased due to pain. The thoracic spine exam revealed muscle guarding, tenderness, decreased range of motion and positive Kemp's test right and left. The lumbar spine exam revealed she was able to heel- toe walk with pain, tenderness to palpation, decreased range of motion, straight leg raise was positive bilaterally, and Braggard's test was positive on the right. The current medications were not noted. The Treatment Plan included medications, urine toxicology, Localized Intense Neurotransmission Therapy for the lumbar spine 1 time a week for 6 weeks, electromyogram and

nerve conduction study of the bilateral upper and lower extremities, awaiting pain management evaluation regarding Epidural Steroid Injection (ESI) to the lumbar spine and Terocin patches. Work status was to return to modified work on 9/30/14 with limitations and restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION SYNAPRYN 10MG/1ML ORAL SUSPENSION 500ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: According to the California MTUS, Synapryn oral suspension (Tramadol hydrochloride) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity for the requested Synapryn 10mg/1 ml Oral Suspension has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

1 PRESCRIPTION TABRADOL 1MG/1ML ORAL SUSPENSION 250ML: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the reviewed literature, Tabradol (Cyclobenzaprine) oral suspension is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. There is no documentation of functional improvement from any previous use

of this medication. Tabradol oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Based on the currently available information, the medical necessity for Tabradol 1mg/ml Oral Suspension has not been established. The requested medication is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ranitidine.

Decision rationale: Deprizine 15mg/ml Oral Suspension (Ranitidine) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Ranitidine works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to both prevent and treat ulcers in the duodenum (where most ulcers develop) and the stomach. They also counter the various problems that occur when stomach acid escapes into the esophagus, which if it happens on a regular basis, is GERD. In most trials, the PPIs have proved to be superior to the H2 blockers. Deprizine oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Deprizine (Ranitidine) oral suspension has not been established. The requested medication is not medically necessary.

Dicopanol 5mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Dicopanol (Diphenhydramine) is an antihistamine that is used for the temporary relief of seasonal and perennial allergy symptoms. The medication is sedating and has been used for short-term treatment of insomnia. There is no documentation indicating the patient has any history of insomnia. Dicopanol 5mg/ml, the oral suspension form of Diphenhydramine, is generally for use in patients for whom taking the pill/tablet form of the

medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity for the requested oral suspension medication has not been established. The requested medication is not medically necessary.

Fanatrex (gabapentin) 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: According to the CA MTUS (2009) and the ODG, Fanatrex Oral Suspension (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity for the requested medication, Fanatrex 25mg/ml Oral Suspension, has not been established. The requested medication is not medically necessary.

18 acupuncture session to the lumbar spine & thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture guidelines apply to all acupuncture requests, for all body parts and for all acute or chronic, painful conditions. According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten recovery. The treatment guidelines support acupuncture treatment to begin as an initial treatment of 3-6 sessions over no more than two weeks. If functional improvement is documented, as defined by the guidelines further treatment will be considered. In this case, the requested acupuncture sessions (18 sessions to the thoracic and lumbar spine) exceed the recommended 3-6 sessions in up to 2 weeks. Medical necessity of the requested acupuncture has not been established. The requested medication is not medically necessary.

1 course of shockwave therapy sessions, up to 6 treatments to the lumbar spine & thoracic spine: 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) Shock Wave Therapy.

Decision rationale: According to the medical records, it is not clear if shockwave therapy sessions are being requested for this case (p5). Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. involves delivery of low or high energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft tissue interface. Low-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. According to the ODG, ESWT is not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. There are limited large-scale, long-term references showing the safety and efficacy of the requested treatment in this patient's clinical scenario. Medical necessity for the requested procedure has not been established. The requested service is not medically necessary.

6 LINT sessions to the lumbar spine & thoracic spine: 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 Hyperstimulation analgesia.

Decision rationale: According to the ODG, Localized Intense Neurostimulation Therapy (LINT) or hyperstimulation analgesia, is not recommended until there are higher quality studies. Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. One of the oldest methods of pain relief is generalized hyperstimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyperstimulation analgesia is applied to sites over, or sometimes distant from, the pain. Medical necessity for the requested treatment has not been established. The request for this treatment is not medically necessary.