

Case Number:	CM14-0201091		
Date Assigned:	12/11/2014	Date of Injury:	11/01/2012
Decision Date:	02/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64 year old male patient who sustained a work related injury on 11/1/12 Patient sustained the injury due to cumulative trauma. The current diagnoses include sprain of ligaments of cervical spine, bilateral shoulder joint strain/sprain, and lumbar region radiculopathy Per the doctor's note dated 10/6/14, patient has complaints of headaches, radicular neck pain and muscle spasms at 8/10 with numbness and tingling of the bilateral upper extremities, bilateral shoulder pain radiating down the arms to the fingers, associated with muscle spasms, at 8/10 with weakness, numbness, tingling and pain radiating to the bands and fingers, mid back pain and muscle spasms and insomnia and depression Physical examination of the cervical and lumbar region and bilateral shoulders revealed tenderness on palpation and limited range of motion The current medication lists include Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex and Terocin patches. The patient has had EMG on 5/20/14 that revealed cervical radiculopathy Any surgical or procedure note related to this injury were not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 500ml, DOS: 10/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate); Central acting analgesics; Opioids for neuropathic pain P.

Decision rationale: Synapryn contains tramadol and glucosamine in oral suspension form. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain." Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Rationale for prescribing drugs in suspension form is not specified in the records provided. Inability to take the tablet form is not specified in the records provided. The rationale for the use of the tramadol on a daily basis without documented consistent improvement in function is not specified in the records provided. The rationale for combining the tramadol with glucosamine is not specified in the records provided. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues." Therefore there is no high grade scientific evidence to support the use of Glucosamine for this patient. Any evidence of osteoarthritis was not specified in the records provided. Any X-ray report was also not specified in the records provided. In addition, response to prior use of Glucosamine was not specified in the records provided. The medical necessity of Synapryn 500ml, DOS: 10/9/14 is not established for this patient.

Tabradol 250ml, DOS: 10/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines, current online version Pain chapter MSM (methylsulfonylmethane) See CRPS, medications, DMSO. DMSO (dimethylsulfoxide). See CRPS, medications.

Decision rationale: Tabradol contains cyclobenzaprine hydrochloride in oral suspension form along with methylsulfonylmethane (MSM). MSM is also known by another name - DMSO. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This medication is not recommended to be used for longer than 2-3 weeks." According to the cited guidelines, Cyclobenzaprine is recommended for short term therapy and not recommended for longer than 2-3 weeks. In addition, rationale for prescribing these medications, in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. A detailed valid rationale for combining the Cyclobenzaprine with methylsulfonylmethane (MSM) was not specified in the records provided. Per the cited guidelines, regarding MSM or DMSO, "CRPS medications, because long-term controlled studies have not been conducted, DMSO should be considered investigational and used only after other therapies have failed." The presence of CRPS is not specified in the records provided. The failure of other therapies was not specified in the records provided. The medical necessity of MSM or DMSO is not fully established in this patient. The medical necessity of Tabradol 250ml, DOS: 10/9/14 is not established for this patient.

Deprizine 250ml, DOS: 10/9/14: 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 Other Medical Treatment Guideline or Medical Evidence: Thomspon Micromedex Ranitidine(zantac) Hydrochloride-FDA-Labeled Indications.

Decision rationale: Deprizine contains ranitidine hydrochloride in oral suspension form. According to the Thomspon Micromedex, FDA labeled indications for ranitidine are "Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome." Any of the above listed indications in this patient is not specified in the records provided. Rationale for prescribing drugs in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of Deprizine 250ml, DOS: 10/9/14 is not established for this patient.

Dicopanol 150ml, DOS: 10/9/14: 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 Other Medical Treatment Guideline or Medical

Evidence: Thompson Micromedex FDA labeled indication-diphenhydramine. Official Disability Guidelines (ODG), Insomnia treatment,

Decision rationale: The active ingredient of dicopanol is diphenhydramine hydrochloride in suspension form. Per the cited guidelines (ODG), "Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." A detailed evaluation of insomnia in this patient was not specified in the records provided. The presence or absence of side effects of the use of diclopanol (diphenhydramine) in this patient was not specified in the records provided. According to the Thompson Micromedex FDA labeled indication for the diphenhydramine includes "Chemotherapy-induced nausea and vomiting, extra pyramidal disease - Medication-induced movement disorder, Hyperemesis gravidarum." Any indication listed above that would require the use of diphenhydramine is not specified in the records provided. In addition, rationale for prescribing the medication in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of Dicopanol 150ml, DOS: 10/9/14 is not fully established for this patient at this time.

Fanatrex 420ml, DOS: 10/9/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: Fanatrex contains gabapentin in oral suspension form. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic Pain Guidelines states, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. Fibromyalgia: Recommended as a trial. Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." The rationale for prescribing the medication in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of Fanatrex 420ml, DOS: 10/9/14 is not fully established for this patient at this time.