

Case Number:	CM15-0112590		
Date Assigned:	06/19/2015	Date of Injury:	08/25/2014
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/11/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male sustained an industrial injury to the neck and back on 8/25/14. The injured worker also sustained industrial injuries via cumulative trauma injuries to the right shoulder, wrist, hand and fingers from 1/1/14 to 10/10/14. Previous treatment included physical therapy, acupuncture, shock wave therapy, Localized Intense Neurostimulation Therapy (LINT), transcutaneous electrical nerve stimulator unit, hot/cold unit, back brace and medications. In a PR-2 dated 4/17/15, the injured worker complained of pain to the neck, right shoulder, low back and right wrist and hand with radiation to the right lower extremity and bilateral upper extremities associated with numbness and tingling. The injured worker rated his pain 4-6/10 on the visual analog scale. The injured worker stated that medications offered him temporary relief and improved his ability to have restful sleep. Physical exam was remarkable for cervical spine with an anterior head carriage with right lateral head tilt, tenderness to palpation, decreased range of motion and positive bilateral Spurling's, cervical distraction and cervical compression tests. Right shoulder exam showed decreased range of motion with positive Apley's scratch and supraspinatus tests. The lumbar spine had tenderness to palpation with decreased range of motion and positive bilateral straight leg raise and sitting root test. Neurologic exam revealed decreased sensation at the C5-T1 and L4-S1 distributions with decreased motor strength to bilateral upper and lower extremities. Current diagnoses included cervical spine sprain/strain, right shoulder sprain/strain, right wrist and hand pain, lumbar spine pain and lumbar spine sprain/strain. The treatment plan included electromyography /nerve conduction velocity test of bilateral upper extremity and lower extremities, a course of physical therapy, chiropractic

therapy and acupuncture for the cervical spine, right shoulder and lumbar spine, continuing physical therapy, chiropractic therapy and acupuncture for the right wrist and medications (Terocine patch, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Flurbiprofen, Menthol, Cyclobenzaprine and Neurontin).

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, 250ml (DOS: 4/17/2015): 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 muscle relaxants, for pain Page(s): 63-66.

Decision rationale: This patient presents with pain to the neck, right shoulder, low back and right wrist/hand. The current request is for Tabradol 1mg/ml oral suspension, 250ml (DOS: 4/17/2015). Previous treatment included physical therapy, acupuncture, shock wave therapy, Localized Intense Neurostimulation Therapy (LINT), transcutaneous electrical nerve stimulator unit, hot/cold unit, back brace and medications. The patient is not working. Tabradol contains cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." This patient has been prescribed this medication since at least 11/20/14. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.

Synapryn 10mg/1ml oral suspension, 500ml (DOS: 4/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) glucosamine, CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 113, 50. Decision based on Non-MTUS Citation www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416.

Decision rationale: This patient presents with neck, right shoulder, low back and right wrist/hand pain. The current request is for Synapryn 10mg/1ml oral suspension, 500ml (DOS: 4/17/2015). Previous treatment included physical therapy, acupuncture, shock wave therapy, Localized Intense Neurostimulation Therapy (LINT), transcutaneous electrical nerve stimulator

unit, hot/cold unit, back brace and medications. The patient is not working. Per Dailymed, "SYNAPRYN" is tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit"

www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416 MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. For glucosamine, the MTUS Guidelines page 50 has the following, recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS), on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. According to progress report dated 4/17/15, the patient complained of neck, right shoulder, low back and right wrist/hand pain with radiation to the right lower extremity and bilateral upper extremities associated with numbness and tingling. The patient has been prescribed this medication since at least 11/20/14. The patient stated that medications offer him temporary relief and improved his ability to have restful sleep. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant improvement with utilizing this medication. There are no before and after pain scales provided to denote a decrease in pain either. Furthermore, medical records do not document any arthritic knee conditions to warrant the use of glucosamine. Of note, the treater continually seeks oral medications for this patient that appears to have no swallowing issues. This request IS NOT medically necessary.

Deprizine 15mg/ml oral suspension (DOS: 4/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with pain to the neck, right shoulder, low back and right wrist/hand. The current request is for Deprizine 15mg/ml oral suspension (DOS: 4/17/2015). Previous treatment included physical therapy, acupuncture, shock wave therapy, Localized Intense Neurostimulation Therapy (LINT), transcutaneous electrical nerve stimulator unit, hot/cold unit, back brace and medications. The patient is not working. Deprizine is ranitidine (zantac, H2-receptor antagonist) mixed with other proprietary ingredients in an oral

suspension. MTUS Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pg. 68-69, discuss risk factors for GI events, but in this case, the patient is not over age 65, no documented history of peptic ulcer or GI bleed; no mention concurrent use of ASA, corticosteroids and anticoagulants; or high dose NSAID. There is no mention of dyspepsia related to NSAID use. Progress reports do not indicate that this patient suffers from any significant GI complaints, nor is he currently taking high dose or multiple NSAIDs. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request IS NOT medically necessary.