

Case Number:	CM15-0114933		
Date Assigned:	07/22/2015	Date of Injury:	04/25/2011
Decision Date:	09/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 4/25/2011. The current diagnoses are cervical spine sprain/strain, cervical disc displacement, cervical spine degenerative disc disease, cervical radiculopathy, thoracic spine pain, thoracic spine sprain/strain, thoracic spine herniated nucleus pulposus, low back pain, lumbar spine herniated nucleus pulposus, compression fracture of L2, and lumbar radiculopathy. According to the progress report dated 5/5/2015, the injured worker complains of dull, achy neck pain and muscle spasms. The pain is associated with numbness and tingling in the bilateral upper extremities. The pain is rated 4-5/10 on a subjective pain scale. In addition, she reports dull, mid back pain with spasms, rated 5/10. Furthermore, she notes sharp, stabbing low back pain with spasms, rated 7/10. The pain is associated with numbness and tingling in the bilateral lower extremities. The injured worker states that the symptoms persist but the medications do offer temporary relief of pain and improve her ability to have a restful sleep. The physical examination of the cervical spine reveals tenderness to palpation over the suboccipital, scalene, and sternocleidomastoid muscles, tenderness to palpation over the spinous processes C2-C5, restricted range of motion, positive cervical distraction test, and decreased motor strength secondary to pain in the bilateral upper extremities. Examination of the thoracic spine reveals tenderness to palpation over the spinous process T4-T6, with bilateral paraspinal muscle guarding, decreased range of motion, and positive Kemp's test bilaterally. Examination of the lumbar spine reveals limited range of motion, positive straight leg raise bilaterally, positive Braggard's on the right, diminished sensation to pin wheel at the L4, L5, and S1 dermatomes in the right lower extremity, and

decreased motor strength in the bilateral lower extremities secondary to pain. Treatment to date has included medication management, MRI studies, and chiropractic. Work status was described as modified work since 11/21/2014. A request for Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, Terocin patches, pain management specialist, and shockwave therapy to the thoracic and lumbar spine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/1ml oral suspension 500ml: 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 Opioids; Glucosamine Page(s): 50, 74-96.

Decision rationale: Synapryn is an oral suspension containing Tramadol and Glucosamine. The reason for combining these medications is not discussed in any physician report. Given that Tramadol is generally a prn medication to be used as little as possible, and that Glucosamine (assuming a valid indication) is to be taken regularly regardless of acute symptoms, the combination product is illogical and not indicated. Tramadol is prescribed without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Opioids are minimally indicated, if at all, for chronic back pain. In addition, the MTUS provides support for treating moderate arthritis pain, particularly knee OA, with glucosamine sulphate. Other forms of glucosamine are not supported by good medical evidence. The treating physician in this case has not provided evidence of the form of glucosamine in Synapryn, and that it is the form recommended in the MTUS and supported by the best medical evidence. In this case, the prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics". Additionally, Glucosamine must be given as a single agent apart from other analgesics, particularly analgesics like Tramadol which are habituating. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Synapryn is not medically necessary.

Tabradol 1mg/ml oral suspension 250ml: 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 Muscle relaxants Page(s): 63.

Decision rationale: Tabradol is Cyclobenzaprine in an oral suspension. The CA MTUS Chronic Pain Medical Treatment Guidelines does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Furthermore, the addition of Cyclobenzaprine to other agents is not recommended. In this case, there is documentation of on-going treatment with Tabradol since at

least 2014. The guidelines recommend muscle relaxants for short-term symptomatic relief, and continuation for any amount of time does not comply with the recommended guidelines. In addition, oral suspension and topical application is experimental and unproven. Furthermore, the addition of Cyclobenzaprine to other agents is not recommended. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Tabradol is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Deprizine is Ranitidine in an oral suspension. Ranitidine is prescribed without any rationale provided. If Ranitidine is prescribed as co-therapy with an NSAID, Ranitidine is not the best drug. Note the MTUS recommendations cited. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Co-therapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. Therefore, based on the submitted medical records, the request for Deprizine is not medically necessary based.

Dicopanor (Diphenhydramine) 5mg/ml oral suspension 150ml: 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) Diphenhydramine.

Decision rationale: Dicopanor is not addressed within the MTUS. Per the progress notes, Dicopanor is a compound medication that contains Diphenhydramine and other unknown proprietary ingredients. According to the Official Disability Guidelines (ODG), Diphenhydramine is a sedating antihistamine, which is not recommended for long-term insomnia treatment. In this case, there is documentation of ongoing treatment with Dicopanor since at least 2014. However, the ODG does not support long-term insomnia treatment where sedating antihistamines are used (Diphenhydramine). Therefore, based on the ODG and submitted medical records, the request for Dicopanor is not medically necessary.

Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml: 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 Antiepilepsy drugs (AEDs) Page(s): 16-19, 49.

Decision rationale: Fanatrex is stated to be a formulation of gabapentin. The treating physician has stated that it is for neuropathic pain. None of the physician reports adequately discusses the signs and symptoms diagnostic of neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. AED's have a significant risk of teratogenicity and alterations in contraceptives, and this must be discussed with the patient. There is no evidence that this reproductive-age woman has been counseled regarding this significant issue. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of counseling and consent regarding the reproductive risks, and the lack of significant symptomatic and functional benefit from its use to date.

Shockwave therapy; up to 6 treatments for the thoracic and lumbar 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) Neck and Upper Back (Acute & Chronic) / Extracorporeal shock wave therapy (ESWT).

Decision rationale: The MTUS / ACOEM did not sufficiently address the use of shockwave treatments for the thoracic and lumbar spine therefore other guidelines were consulted. Per the ODG, ECSWT is not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. A review of the injured workers medical records that are available to me do not reveal extenuating circumstances that would warrant deviating from the guidelines, therefore the request for 6 Shockwave treatments for thoracic and lumbar spine is not medically necessary.

Pain management specialist consult for epidural steroid injections to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. Criteria for use include but are not limited to "radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing and patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with a general recommendation of no more than 4 blocks per region per year. A review of the injured workers medical records that are available to me do not reveal that the injured worker meets the criteria for ESI at this time, therefore the request for pain management specialist consult for epidural steroid injections to the

lumbar spine is not medically necessary.

Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Menthol is not addressed within the MTUS. In addition, the CA MTUS states that the only form of topical Lidocaine that is recommended is Lidoderm patch. Therefore, any topical agent with lidocaine is not recommended if it is not in the form of Lidoderm patch. In this case, any topical agent with Lidocaine is not recommended if it is not in the form of Lidoderm patch. Additionally, there is no documentation that the injured worker has failed a trial of oral antiepileptic and antidepressant medications to support the use of topical analgesics as required by the CA MTUS. Therefore, based on MTUS guidelines and submitted medical records, the request for Terocin patches is not medically necessary.