MAXIMUS Federal Services

Case Number:	CM15-0115308		
Date Assigned:	06/23/2015	Date of Injury:	03/28/2013
Decision Date:	08/31/2015	UR Denial Date:	05/27/2015
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: 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:

The injured worker is a 51 year old female, who sustained an industrial injury on March 28, 2013, incurring left foot injuries from prolonged standing and walking. She was diagnosed with a bunion on her left foot. The injured worker also incurred injuries to her lower back, hands and wrists in May 2013, while at work. The date of injury at issue in this case is March 28, 2013. Treatment included pain medications. Currently, the injured worker complained of ongoing pain in her ankles and feet, right knee, low back, hands and wrists, shoulders, and elbows. She complained of neck pain, spasms, and headaches. The treatment plan that was requested for authorization included prescriptions for Synapryn, Tabradol, Capsaicin and Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Opioids, Specific Drug List, Tramadol Page(s): 50, 93-94, 76-78, 93-94, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89, 80, 81.

Decision rationale: The 51 year old patient complains of radicular neck pain along with numbness in the left hand; bilateral shoulder pain radiating to arms and fingers; moderate to severe elbow pain; bilateral wrist pain; radicular lumbar pain along with numbness and tingling in lower extremities, bilateral ankle pain; headaches; anxiety; stress; and depression, as per progress report dated 05/01/15. The request is for SYNAPRYN. There is no RFA for this case, and the patient's date of injury is 03/28/13. Diagnoses, as per progress report dated 05/01/15, included headaches, cervicalgia, bilateral impingement syndrome of shoulder, bilateral elbow pain, bilateral wrist injury, bilateral carpal tunnel syndrome, low back pain, lumbar radiculopathy, and bilateral ankle pain and joint pain. The pain is rated at 5-6/10. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. 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 p 80, 81 states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." In this case, a prescription for Synapryn is first noted in progress report dated 01/09/15, and the patient has been taking the medication consistently at least since then. The treater, however, does not use a numerical scale to show decrease in pain nor does the treater provide specific examples that indicate increase in function. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Synapryn. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and adverse behavior. MTUS p 80, 81 states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Additionally, the request does not include quantity and duration of treatment. Hence, it IS NOT medically necessary.

Tabradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The 51 year old patient complains of radicular neck pain along with numbness in the left hand; bilateral shoulder pain radiating to arms and fingers; moderate to severe elbow pain; bilateral wrist pain; radicular lumbar pain along with numbness and tingling in lower extremities, bilateral ankle pain; headaches; anxiety; stress; and depression, as per progress report dated 05/01/15. The request is for TABRADOL. There is no RFA for this case, and the patient's date of injury is 03/28/13. Diagnoses, as per progress report dated 05/01/15, included headaches, cervicalgia, bilateral impingement syndrome of shoulder, bilateral elbow pain, bilateral wrist injury, bilateral carpal tunnel syndrome, low back pain, lumbar radiculopathy, and bilateral ankle pain and joint pain. The pain is rated at 5-6/10. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Tabradol is first noted in progress report dated 01/09/15, and the patient has been taking the medication consistently at least since then. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function. Nonetheless, MTUS does not support long-term use of Cyclobenzaprine. Additionally, the request does not include quantity or duration of treatment. Hence, it IS NOT medically necessary.

Capsaicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Capsaicin.

Decision rationale: The 51 year old patient complains of radicular neck pain along with numbness in the left hand; bilateral shoulder pain radiating to arms and fingers; moderate to severe elbow pain; bilateral wrist pain; radicular lumbar pain along with numbness and tingling in lower extremities, bilateral ankle pain; headaches; anxiety; stress; and depression, as per progress report dated 05/01/15. The request is for CAPSAICIN. There is no RFA for this case, and the patient's date of injury is 03/28/13. Diagnoses, as per progress report dated 05/01/15, included headaches, cervicalgia, bilateral impingement syndrome of shoulder, bilateral elbow pain, bilateral wrist injury, bilateral carpal tunnel syndrome, low back pain, lumbar radiculopathy, and bilateral ankle pain and joint pain. The pain is rated at 5-6/10. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. Regarding Capsaicin, MTUS guidelines on page 111, state that are "Recommended only as an option in patients who have not

responded or are intolerant to other treatments." MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." In this case, a prescription for Capsaicin is first noted in progress report dated 01/09/15. The treater states that the medication is used to relieve neuropathic pain and the pain associated with rheumatoid arthritis. The treater does not explain why this topical was chosen over other medications. MTUS does not support use of Capsaicin unless the patient has failed to respond to other treatments. Additionally, the request does not include quantity or duration of treatment. Hence, it IS NOT medically necessary.

Flurbiprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Topical Analgesics Medications for Chronic Pain Page(s): 22, 111, 60.

Decision rationale: The 51 year old patient complains of radicular neck pain along with numbness in the left hand; bilateral shoulder pain radiating to arms and fingers; moderate to severe elbow pain; bilateral wrist pain; radicular lumbar pain along with numbness and tingling in lower extremities, bilateral ankle pain; headaches; anxiety; stress; and depression, as per progress report dated 05/01/15. The request is for FLURBIPROFEN. There is no RFA for this case, and the patient's date of injury is 03/28/13. Diagnoses, as per progress report dated 05/01/15, included headaches, cervicalgia, bilateral impingement syndrome of shoulder, bilateral elbow pain, bilateral wrist injury, bilateral carpal tunnel syndrome, low back pain, lumbar radiculopathy, and bilateral ankle pain and joint pain. The pain is rated at 5-6/10. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. The patient is off work, as per the same progress report. Regarding NSAIDs, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, Flurbiprofen is first listed in progress report dated 01/09/15. The treater states that the medication is "FDA-approved for pain, swelling and stiffness." However, it is not clear if the patient is using the Flurbiprofen in topical form or as an oral medication. The treater does not document efficacy in terms of reduction of pain or improvement in function, as required by MTUS page 60. Additionally, the request does not include quantity or duration of treatment. Hence, it IS NOT medically necessary.