

Case Number:	CM15-0116587		
Date Assigned:	06/25/2015	Date of Injury:	07/15/2009
Decision Date:	08/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal 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 41 year old male who sustained an industrial injury on 07/15/2009. He has reported subsequent low back and bilateral lower extremity pain and back spasms and was diagnosed with lumbar disc displacement, lumbar radiculopathy, lumbago and bilateral hip pain. The injured worker was also diagnosed with diabetes. Treatment to date has included oral and topical pain medication, injections and acupuncture. Documentation shows that the injured worker was prescribed Tabradol, Deprizine and Synapryn since at least 01/28/2015. It was noted at the February 2015 visit that the injured worker was not working due to lack of modified work duties. The most recent PR-2 notes dated 02/17/2015, 04/24/2015 and 05/22/2015 showed that the injured worker complained of worsening radicular low back pain greater on the left side, associated with muscle spasms that was rated as 8-9/10 and also reported burning bilateral hip pain and spasms rated as 3/10 during the 05/22/2015 visit. Objective findings during the most recent office visit were notable for pain with heel-toe walk, trigger points noted left over right, palpable tenderness of the lumbar paraspinal muscles and lumbosacral junction, reduced range of motion of the lumbar spine and bilateral hips, positive straight leg raise at 50 degrees bilaterally, decreased sensation to pinprick over the L4-L5 and S1 dermatomes in the bilateral lower extremities greater on the left and decreased motor strength of the lower extremities due to pain. A request for authorization of Tabradol 250 ml 1 tsp 2-3 times a day, Deprizine 250 ml 2 tsp QD and Synapryn 500 ml 1 tsp TID was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 250ml 1 tsp 2-3 times a day: 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): 63-66.

Decision rationale: Tabradol is cyclobenzaprine in an oral suspension. As per Medical Treatment Utilization Schedule (MTUS) guidelines, muscle relaxants are recommended with caution as a second line options for short-term acute exacerbations in patients with chronic low back pain and limited, mixed-evidence does not allow for a recommendation of Cyclobenzaprine for chronic use. The documentation submitted shows that Tabradol (Cyclobenzaprine Hydrochloride in oral suspension with methylsulfonylmethane) was prescribed to the injured worker since at least 01/28/2015 indicating that the injured worker had been taking this medication for at least the past few months. There was no documentation of any significant functional improvement or reduction of pain with use of this medication and no indication that this medication was being used to treat an acute flare up of low back pain. The continued use of this medication is not consistent with the current guidelines for use of muscle relaxants. Therefore, the documentation doesn't support the medical necessity of Tabradol 250 ml 1 tsp 2-3 times a day.

Deprizine 250ml 2 tsp OD: 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 and cardiovascular Page(s): 68-69.

Decision rationale: The MTUS recommends co-therapy of non-steroidal anti-inflammatory agents (NSAIDs) with a proton pump inhibitor (PPI) in patients who are determined to be at intermediate or high risk of a gastrointestinal (GI) event. There is no recommendation for H2 receptor antagonists for gastric protection from NSAID use. A H2-receptor antagonist may be considered for treatment of dyspepsia secondary to NSAID therapy. Deprizine is ranitidine in an oral suspension. Ranitidine is prescribed without any rationale provided. If ranitidine is prescribed as cotherapy 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. The documentation indicates that this injured worker was prescribed topical ketoprofen (an NSAID). Cotherapy 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. Deprizine (Ranitidine) is not medically necessary based on the MTUS.

Synapryn 500ml 1 tsp TID: 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 glucosamine and chondroitin sulfate, Opioids Page(s): 50, 74-96.

Decision rationale: Synapryn contains tramadol with glucosamine in oral suspension. The reason for combining these medications is not discussed in any physician report. Given that tramadol is generally an as-needed 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. As per Medical Treatment Utilization schedule (MTUS) guidelines, requests for ongoing opioid use should include evidence of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted documentation shows that the injured worker was prescribed Synapryn (Tramadol Hydrochloride in suspension with Glucosamine) since at least 01/28/2015. There was no documentation of the least reported pain since the prior assessments, average pain ratings, intensity of pain after taking the medication and the duration of pain relief. The recent PR-2 notes show that the injured worker continued to report severe pain despite use of this medication and there was no evidence of objective functional improvement with use of Synapryn. Therefore, the request for authorization of Synapryn 500 ml 1 tsp TID is not medically necessary.