

Case Number:	CM15-0122388		
Date Assigned:	07/06/2015	Date of Injury:	01/05/2014
Decision Date:	09/08/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 49 year old female who sustained an industrial injury on 01/05/2014 resulting in pain to multiple body parts. Treatment provided to date has included: right knee surgery (2014); left knee surgery (2015); physical therapy; cervical spine injections; chiropractic treatments; medications; and conservative therapies/care. Diagnostic tests performed include: MRIs of the left shoulder, right wrist, left elbow, and right elbow (2015) resulting multiple abnormal findings. There were no noted comorbidities or other dates of injury noted. On 05/036/2015, physician progress report noted complaints of severe headaches and visual disturbances, neck pain, bilateral elbow pain, bilateral wrist pain, low back pain, bilateral knee pain, and right ankle pain. The neck pain was rated 4-5/10 in severity, and was described as burning, radicular, constant, moderate to severe and associated with numbness and tingling in the upper extremities. The bilateral shoulder pain was rated 5-7/10 in severity, and was described as burning, radiating, constant moderate to severe. The bilateral elbow pain was rated 4-5/10 in severity, and was described as burning, radiating, constant, moderate to severe with weakness, numbness, tingling, and radiating to the fingers. The bilateral wrist pain was rated 4-6/10 in severity, and was described as burning, constant, moderate to severe and associated with weakness, numbness, tingling, and radiating. The low back pain was rated 5-6/10 in severity, and was described as burning, radiating, constant, moderate to severe and associated with numbness and tingling in the lower extremities. The bilateral knee pain was rated 5-6/10 in severity, and was described as burning, radiating to the feet, constant, moderate to severe and associated with numbness and tingling. The right ankle pain was rated 4-5/10 in severity, and was described as

burning, radiating, constant, and moderate to severe. Additional complaints included stress, anxiety, insomnia, and depression. There were no current medication listed as the injured worker reported that she did not receive any medications since her last visit. The physical exam revealed tenderness to palpation (TTP) of the suboccipital region and over the trapezius muscles, restricted range of motion (ROM) in the cervical spine, positive cervical distraction and compression testing, TTP of the delto-pectoral groove and insertion of the supraspinatus muscle, restricted ROM in the bilateral shoulders, positive supraspinatus test, TTP of the lateral epicondyles bilaterally, restricted ROM in the bilateral elbows, TTP at the carpal tunnel and first dorsal extensor muscle compartment bilaterally, restricted ROM in the bilaterally wrist, positive Finklestein's test, decreased sensation to pin-prick and light touch over the C5-T1 dermatomes bilaterally, slightly decreased motor strength in muscle groups of the upper extremities, pain with heel walking, restricted ROM in the lumbar spine, positive straight leg raises at 60° bilaterally, positive tripod sign bilaterally, positive flip-test, tenderness to palpation over the medial and lateral joint line of the bilateral knees, restricted flexion in both knees, TTP over the medial and lateral malleolus, mildly restricted inversion of the right ankle, positive anterior/posterior drawer testing in the right ankle, slightly decreased sensation in the L4-S1 dermatomes bilaterally, and slightly decreased motor strength in the bilateral lower extremity muscle groups. The provider noted diagnoses of visual disturbance, headaches, cervicgia, cervical displacement, cervical radiculopathy, bilateral shoulder pain, rule out bilateral rotator cuff injury, bilateral elbow pain rule out internal derangement, bilateral wrist pain rule out internal derangement, low back pain, intervertebral lumbar disc displacement, lumbar radiculopathy, bilateral knee pain rule out derangement, right ankle pain, mood disorders, anxiety disorder, stress, and sleep disorder. Plan of care includes continued medications (including Synapryn), Terocin patches, functional capacity evaluation, psychological consultation, and follow-up. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: Synapryn 10mg/ml oral suspension #500ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml oral suspension #500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Glucosamine (and Chondroitin Sulfate) Page(s): 74-96, 50.

Decision rationale: Synapryn is a compounded medication that contains tramadol (opioid) and glucosamine. MTUS discourages long term usage of opioids unless there is evidence of "ongoing review and documentation of pain relief, improvement in 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 MTUS recommends Glucosamine for the treatment of moderate arthritis pain (particularly in the knee). The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) intensity of pain after taking the opioid; 4) how long it takes for pain relief; 5) how long pain relief lasts; 6) improvement in pain; 7) improvement in function. In addition, there is also no diagnosis of arthritis, and no clinical reason for oral suspension provided in the clinical notes. These are necessary to meet MTUS guidelines. As such, the request for Synapryn 10mg/1ml oral suspension 500ml is not medically necessary.