

Case Number:	CM15-0179132		
Date Assigned:	09/21/2015	Date of Injury:	08/01/2013
Decision Date:	10/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/11/2015

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, Indiana, New York
 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 36-year-old male with an industrial injury dated 08-01-2013. Medical record review indicates he is being treated for headache, cervical spine multilevel disc displacement, cervical spine multilevel disc degeneration, spinal stenosis of cervical region, cervical radiculopathy, partial tear of common extensor tendon, right elbow thoracic spine scoliosis, lumbar spine disc displacement, lumbar spine spondylolisthesis, spinal stenosis of lumbar region and lumbar radiculopathy. In the progress note dated 08-07-2015 the injured worker presents with complaints of sharp, throbbing headaches. His pain is described as "constant, moderate to severe." The pain rating is documented as 6-7 out of 10 on a pain analog scale. Documentation indicates the injured worker was complaining of sharp, stabbing neck pain and muscle spasms rated as 5 out of 10. The pain was aggravated by looking up, looking down and side to side and by repetitive motion of the head and neck. Also documented was associated numbness and tingling of bilateral upper extremities. The injured worker also complained of "sharp, achy" elbow pain and muscle spasms rated as 6-7 out of 10 on a pain analog scale. He also complained of "dull, boring" mid back pain and muscle spasms rated as 8 out of 10 on a pain analog scale. In addition he complained of sharp, stabbing, low back pain and muscle spasms rated as 8 out of 10 on a pain analog scale. The treating physician documented "the medications do offer him temporary relief of pain and improve his ability to have restful sleep." Physical exam noted tenderness to palpation at the sub occipital region, at the trapezius muscles and over the sternocleidomastoid muscles. Palpable tenderness is documented over the right lateral epicondyle. Findings of exam of thoracic spine are documented as palpable tenderness with spasms over the bilateral thoracic paraspinal and over the spinous processes thoracic 1-6. Lumbar spine exam is documented as tenderness to palpation at the lumbar paraspinal bilaterally.

Prior treatments are documented as extracorporeal shockwave treatments, lumbar epidural, anti-inflammatories and physical therapy. The treatment plan included a pending EMG-NCV study of bilateral lower extremities, consultation with an orthopedic surgeon, and referral to a psychologist, referral to an ear, nose and throat specialist, continue shock wave therapy and a pending pain management consult regarding epidural steroid injections for the lumbar spine. Medications were also included in the plan. The treatment request is for Synapryn 10 mg/1 ml Oral Suspension 500 ml. Synapryn was requested on 03-09-2015 (earliest record available.) On 09-03-2015 the request for Synapryn 10 mg/1 ml Oral Suspension 500 ml was non-certified by utilization review.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, 7/15/2015, compound drugs, www.dailymed.nlm.nih.gov, ACOEM Chapter 3, pages 47-49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Synapryn 10mg/1ml oral suspension, 500 ML's is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are headache; left ear hearing loss; tinnitus; cervical spine multilevel disc displacement; cervical radiculopathy; partial tear common extensor tendon right elbow; right elbow lateral epicondylitis; thoracic spine pain and scoliosis; lumbar spine disc displacement and spondylolisthesis; spinal stenosis lumbar; lumbar radiculopathy; low back pain; and anxiety, mood and sleep disorder. Date of injury is August 1, 2013. Request for authorization is August 27, 2015. According to a March 9, 2015 progress note, the treating provider prescribed Synapryn. According to the August 7, 2015 progress note, the injured worker complains of ongoing headache, left ear pain, neck, elbow and back pain. Objectively, there is tenderness to palpation with decreased range of motion. Synapryn contains glucosamine and Tramadol. There is no clinical indication in the medical record for glucosamine. There is no clinical indication in this 36-year-old injured worker for liquid opiate analgesics. There are no detailed pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no clinical indication for glucosamine and no detailed pain assessments or risk assessments, Synapryn 10mg/1ml oral suspension, 500 ML's is not medically necessary.