

<b>Case Number:</b>	CM15-0046524		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55-year-old male who sustained an industrial injury on 01/30/14. Initial complaints and diagnoses are low back pain and lumbar radiculopathy. Treatments to date include medications and acupuncture. Diagnostic studies include a MRI of the cervical spine. Current complaints include headaches, pain in the ears, hearing loss, and neck pain. Current diagnose include headaches, ear pain, hearing loss, cervical spine strain/sprain, and cervical radiculopathy. In a progress note dated 01/22/15 the treating provider reports the plan of care as medications including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabrodol, Cyclobenzaprine, and Ketoprofen cream. The requested treatment is Synapryn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synapryn (10mg/1ml) 1 tsp TID 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 9792.24.2 Page(s): 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with oral NSAIDs and PT. The records did not show that the patient failed standard treatment with oral NSAIDs or non opioid co-analgesics. There is no documentation of failure of treatment with standard oral formulation of Tramadol. The Synapryn product contains Tramadol with other products such as glucosamine. There is no documentation of nutrient deficiency syndrome or indication for supplementation. The criteria for the use of Synapryn 10mg/ml 1tbs TID 500ml was not met and therefore is not medically necessary.