

Case Number:	CM15-0063467		
Date Assigned:	04/09/2015	Date of Injury:	08/28/2012
Decision Date:	05/29/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/03/2015

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: Anesthesiology

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 56 year old male, who sustained an industrial injury on 8/28/2012. He reported low back pain after lifting a heavy car seat upper body dressing on to a table. The injured worker was diagnosed as having lumbar disc herniation, lumbar degenerative disc disease and radiculitis. Lumbar magnetic resonance imaging showed lumbar 4 to sacral 1 disc protrusions and extrusions. Treatment to date has included medication management. In a progress note dated 5/15/2014, the injured worker complains of low back pain with muscle spasms. The treating physician is requesting retrospective Synapryn, Tramadol, Deprizine, Dicopanol and Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Synapryn (6/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-medical foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 93-96.

Decision rationale: According to the California MTUS, Synapryn oral suspension (Tramadol hydrochloride) is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical records, there has been no documentation of the medication's analgesic effectiveness or functional improvement, and no clear documentation that the patient has responded to ongoing opioid therapy. An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there was no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity for the requested Synapryn was not established. Of note, discontinuation of an opioid analgesic required a taper to avoid withdrawal symptoms. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

Retrospective Tabradol (6/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-medical foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the reviewed literature, Tabradol (Cyclobenzaprine) oral suspension is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. Tabradol oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there was no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Based on the currently available information, the medical

necessity for Tabradol was not been established. The requested medication was not medically necessary.

Retrospective Deprizine (6/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ranitidine.

Decision rationale: Deprizine (Ranitidine) oral suspension is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Ranitidine works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to prevent and treat ulcers in the duodenum (where most ulcers develop) and the stomach. Deprizine oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there was no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Deprizine (Ranitidine) oral suspension was not established. This retrospective medication was not medically necessary.

Retrospective Docopanol (6/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-medical foods.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Dicopanol, the oral suspension form of Diphenhydramine, is an antihistamine that is used for the temporary relief of seasonal and perennial allergy symptoms. The medication is sedating and has been used for short-term treatment of insomnia. There is no documentation indicating the patient has any history of insomnia. Dicopanol is generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there was no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity for the requested oral suspension medication was not established. The requested medication was not medically necessary.

Retrospective Fanatrex (6/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121-122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-medical foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin.

Decision rationale: According to the CA MTUS (2009) and the ODG, Fanatrex Oral Suspension (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there was no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity for the requested medication, Fanatrex oral suspension, was not established. The requested medication was not medically necessary.