

Case Number:	CM15-0070375		
Date Assigned:	04/17/2015	Date of Injury:	09/21/2013
Decision Date:	07/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/13/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 65 year old male, who sustained an industrial injury on 9/21/13. The injured worker was diagnosed as having cervical spine pain, cervical spine radiculopathy, cervical disc displacement, left shoulder sprain/strain, left shoulder internal derangement, left elbow lateral epicondylitis, left wrist carpal tunnel syndrome, lumbar spine pain, lumbar spine radiculopathy and lumbar disc displacement. Treatment to date has included physical therapy, shockwave therapy, oral medications and home exercise program. Currently, the injured worker complains of burning left shoulder pain with radiation down the arm to fingers, constant, moderate to severe burning left elbow pain, constant moderate to severe burning left wrist pain and constant moderate to severe burning radicular low back pain; all pain is rated 6/10. The injured worker states the medications provide temporary relief of pain and improve his ability to have restful sleep. Physical exam noted tenderness to palpation at the occiputs, trapezius, scalene, sternocleidomastoid and levator scapula muscles of cervical spine; tenderness to palpation at the trapezius and levator scapula and rhomboid muscles with trigger pint noted and tenderness to palpation at lumbosacral junction, AC joint and biceps tendon of left shoulder; tenderness to palpation of left elbow at lateral epicondyle; tenderness to palpation at the carpal tunnel and triangular fibrocartilage complex of left wrist and tenderness to palpation at paralumbar muscles and quadratus lumborum with a trigger point noted on the right, tenderness to palpation of right sciatic notch and right PSIS of lumbar spine. The treatment plan included oral medications including Deprizine, Dicopanol, fanatrex, Synapryn, Toradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, Gabapentin and physical therapy,

shockwave therapy and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/ml oral suspension 250ml 1 tsp(5ml) 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): 64.

Decision rationale: The request is for Tabradol (Cyclobenzaprine) which is a muscle relaxant recommended for short course (2-3 weeks) therapy. Evidence does not allow for its use on a chronic basis. In this case, the medication has been prescribed on a chronic basis and as such is not medically necessary. MTUS does not recommend long-term use of muscle relaxants and recommends 3-4 days use for acute spasm and no more than 2-3 weeks. The requested Tabradol is thus not medically necessary or appropriate.

Deprizine 15mg/ml oral suspension 250ml 2tsp (10ml) 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 Page(s): 68.

Decision rationale: Deprizine is a formulation of ranitidine and is requested as a prophylactic against gastric ulcers and GI pain. According to MTUS Guidelines, prophylactic use of medications are indicated for patients at intermediate to high risk for GI events. Those at risk for GI events while taking NSAIDs include those over 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, steroids or anticoagulants; and those taking high dose/multiple NSAIDs. This patient does not meet these criteria and thus the request is not medically necessary.

Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml, 1ml p.o. at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Dicopanol is a formulation of diphenhydramine (Benadryl, a sedating antihistamine) that is indicated for upper respiratory cold symptoms and allergies. In this case it is being prescribed for insomnia. ODG Guidelines state that it is not recommended for long-term treatment of insomnia. Tolerance develops in a few days. Next day sedation may result in impaired psychomotor and cognitive function. Therefore this request is deemed not medically necessary.

Synapryn 10mg/ml oral suspension 500ml 1tsp(5ml) 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 Opioids in chronic pain Page(s): 80-95.

Decision rationale: The request is for Synapryn, a formulation including Tramadol, a synthetic opioid affecting the CNS. Side effects include dizziness, nausea, constipation, headache, somnolence, flushing, pruritis, vomiting, diarrhea, dry mouth and pruritis. Tramadol may increase the risk of seizures. It is indicated for moderate to severe pain, and is not a first-line agent for chronic pain. In this case there is no documentation of functional improvement with previous use. There is also no documentation of failure of first-line agents such as antidepressants or anticonvulsants. Therefore the request is deemed not medically necessary or appropriate at this time.