

Case Number:	CM15-0093105		
Date Assigned:	05/19/2015	Date of Injury:	12/04/2012
Decision Date:	07/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 12/4/12. She reported injuries to shoulders, wrists, neck, lower back and knees. The injured worker was diagnosed as having headaches, cervical spine degenerative disc disease, cervical radiculopathy, bilateral shoulder tendonitis, bilateral shoulder bursitis, bilateral shoulder AC joint arthritis, bilateral shoulder bicipital tenosynovitis, bilateral wrist sprain/strain, bilateral wrist avascular necrosis of lunate, bilateral wrist subchondral cyst, lumbar radiculopathy, lumbar spine degenerative disc disease, bilateral knee internal derangement, right knee medial meniscal tear, left knee osteoarthritis, anxiety disorder, mood disorder, sleep disorder and stress. Treatment to date has included oral medications including opioids, physical therapy, chiropractic therapy and shockwave therapy. Currently, the injured worker complains of persistent headaches rated 3-4/10, sharp, burning radicular neck pain with numbness and tingling rated 4-5/10, burning bilateral shoulder pain radiating to the fingers rated 4-6/10, sharp, stabbing lower back pain and muscle spasm with numbness and tingling rated 5/10 and sharp burning bilateral knee pain and muscle spasms rated 6-8/10; she is also frustrated by her injury and is experiencing stress, insomnia, anxiety and depression. She is currently not working. Physical exam noted tenderness of sub occipitals, scalene of cervical spine, tenderness of rotator cuff tendons and muscles attachment sites of bilateral shoulders, tenderness of carpal bones, thenar and hypothenar eminences, dorsal extensor muscle compartment of bilateral wrist/hands, hyperlordosis of lumbar spine area with tenderness at L3-5 and slight crepitus with motion and tenderness of joint lines of bilateral knees. The treatment plan included continuation of medications: Depazine, Dicopanol,

Fanax, Synapryn, Tabradol, Flurbiprofen, Capsaicin, Tramadol, Menthol; referral to a psychologist, continue localized intense neurostimulation therapy and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ 1 ml oral suspension 500 ml: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 12/04/12 and presents with headaches, burning radicular neck pain, bilateral shoulder pain, bilateral wrist pain/spasms, lower back pain, and bilateral knee pain/spasms. The request is for SYNAPRYN 10 MG/ 1 ML ORAL SUSPENSION 500 ML. There is no RFA provided and the patient's recent work status is not provided. The report with the request is not provided and treatment reports are provided from 01/05/14 to 04/03/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is diagnosed with headaches, cervical spine degenerative disc disease, cervical radiculopathy, bilateral shoulder tendonitis, bilateral shoulder bursitis, bilateral shoulder AC joint arthritis, bilateral shoulder bicipital tenosynovitis, bilateral wrist sprain/strain, bilateral wrist avascular necrosis of lunate, bilateral wrist subchondral cyst, lumbar radiculopathy, lumbar spine degenerative disc disease, bilateral knee internal derangement, right knee medial meniscal tear, left knee osteoarthritis, anxiety disorder, mood disorder, sleep disorder, and stress. The 04/03/14 report states that the patient rates her neck pain as a 6/10, her shoulder pain as a 6-7/10, her wrist pain as a 4-7/10, her low back pain as a 6-7/10, and her knee pain as a 6-8/10. In this case, none of the 4As are addressed as required by MTUS Guidelines. Although the treater provides general pain scales, there are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested synapryn IS NOT medically necessary.

Tabradol 1mg/ ml oral suspension 250ml: 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): 63-66.

Decision rationale: The patient was injured on 12/04/12 and presents with headaches, burning radicular neck pain, bilateral shoulder pain, bilateral wrist pain/spasms, lower back pain, and bilateral knee pain/spasms. The request is for TABRADOL 1 MG/ 1 ML ORAL SUSPENSION 250 ML. There is no RFA provided and the patient's recent work status is not provided. The report with the request is not provided. Tabradol is an oral suspension containing cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. Tabradol is reported to contain MSM, MSM is not FDA approved for medical treatment of any condition. The MTUS guidelines under MSM redirects the reader to DMSO for treatment of a regional inflammatory reaction with CRPS. The patient does not have CRPS. The MTUS guidelines page 64 on cyclobenzaprine also states that cyclobenzaprine is not recommended to be added to other agents. The patient is diagnosed with headaches, cervical spine degenerative disc disease, cervical radiculopathy, bilateral shoulder tendonitis, bilateral shoulder bursitis, bilateral shoulder AC joint arthritis, bilateral shoulder bicipital tenosynovitis, bilateral wrist sprain/strain, bilateral wrist avascular necrosis of lunate, bilateral wrist subchondral cyst, lumbar radiculopathy, lumbar spine degenerative disc disease, bilateral knee internal derangement, right knee medial meniscal tear, left knee osteoarthritis, anxiety disorder, mood disorder, sleep disorder, and stress. The reason for the request is not provided. The treater does not explain why the patient must use an oral solution. In this case, MTUS Guidelines do not support the addition of cyclobenzaprine to other agents. Therefore, the requested Tabradol IS NOT medically necessary.

Deprizine 15mg/ ml oral suspension 250ml: 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 & cardiovascular risk Page(s): 69.

Decision rationale: The patient was injured on 12/04/12 and presents with headaches, burning radicular neck pain, bilateral shoulder pain, bilateral wrist pain/spasms, lower back pain, and bilateral knee pain/spasms. The request is for DEPRIZINE 15 MG/ 1 ML ORAL SUSPENSION 250 ML. There is no RFA provided and the patient's recent work status is not provided. The report with the request is not provided. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. There is no list of current medications the patient is taking. The patient is diagnosed with headaches, cervical spine degenerative disc disease, cervical radiculopathy, bilateral shoulder tendonitis, bilateral shoulder bursitis, bilateral shoulder AC joint arthritis, bilateral shoulder

bicipital tenosynovitis, bilateral wrist sprain/strain, bilateral wrist avascular necrosis of lunate, bilateral wrist subchondral cyst, lumbar radiculopathy, lumbar spine degenerative disc disease, bilateral knee internal derangement, right knee medial meniscal tear, left knee osteoarthritis, anxiety disorder, mood disorder, sleep disorder, and stress. The treater does not document any recent dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Furthermore, Deprizine contains ranitidine and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. In addition, the treating physician provides no discussion as to why oral suspensions are being requested. Given the lack of rationale for its use, the requested Deprizine IS NOT medically necessary.

Dicopanol 5mg/ml oral suspension: 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 Mental Illness & Stress Chapter, Insomnia treatment.

Decision rationale: The patient was injured on 12/04/12 and presents with headaches, burning radicular neck pain, bilateral shoulder pain, bilateral wrist pain/spasms, lower back pain, and bilateral knee pain/spasms. The request is for DICOPANOL 5 MG/ 1 ML ORAL SUSPENSION. There is no RFA provided and the patient's recent work status is not provided. The report with the request is not provided. ODG-TWC, Mental Illness & Stress Chapter states: "(4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." The patient is diagnosed with headaches, cervical spine degenerative disc disease, cervical radiculopathy, bilateral shoulder tendonitis, bilateral shoulder bursitis, bilateral shoulder AC joint arthritis, bilateral shoulder bicipital tenosynovitis, bilateral wrist sprain/strain, bilateral wrist avascular necrosis of lunate, bilateral wrist subchondral cyst, lumbar radiculopathy, lumbar spine degenerative disc disease, bilateral knee internal derangement, right knee medial meniscal tear, left knee osteoarthritis, anxiety disorder, mood disorder, sleep disorder, and stress. In this case, the patient has been diagnosed with a sleep disorder. Dicopanol contains diphenhydramine, an anti-histamine. ODG states that tolerance develops within a few days and long-term use is not supported. In this case there is no long term support for Dicopanol usage and the treating physician has not stated that this medication for short term usage. Furthermore, Dicopanol contains diphenhydramine and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. In addition, the treating physician provides no discussion as to why oral suspensions are being requested. Therefore, this requested Dicopanol IS NOT medically necessary.