

Case Number:	CM15-0096044		
Date Assigned:	05/26/2015	Date of Injury:	08/01/2012
Decision Date:	06/25/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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:

This is a 44-year-old female with an August 1, 2012 date of injury. A progress note dated March 17, 2015 documents subjective findings (constant neck pain rated at a level of 6/10; pain radiating to the bilateral upper extremities with numbness and tingling; right shoulder pain rated at a level of 6-7/10; left shoulder pain rated at a level of 7-8/10; left elbow pain rated at a level of 6-7/10; right wrist pain rated at a level of 7/10; left wrist pain rated at a level of 8/10; weakness, numbness, tingling and pain radiating to the hands and fingers; mid back pain and muscle spasms rated at a level of 5-6/10; lower back pain and muscle spasms rated at a level of 7/10; lower back pain radiating to the bilateral lower extremities with numbness and tingling, left greater than right; anxiety and depression), objective findings (anterior head carriage with left lateral head tilt; tenderness to palpation at the suboccipital muscles, at the scalenes, and over the sternocleidomastoid muscles; decreased range of motion of the cervical spine; tenderness to palpation at the supraspinatus and infraspinatus muscles of the shoulders; tenderness to palpation of the left subscapularis muscle and tendon; decreased range of motion of the bilateral shoulders; tenderness to palpation of the left lateral epicondyle and the extensor muscle compartment of the left elbow; decreased range of motion of the left elbow; tenderness to palpation over the carpal tunnel; tenderness of the thenar eminence bilaterally; decreased range of motion of the bilateral wrists/hands; tenderness to palpation of the thoracic and lumbar spines; decreased range of motion of the thoracic and lumbar spines; abnormal gait; decreased sensation of the right lower extremity at the L5 and S1 dermatomes), and current diagnoses (cervical spine sprain/strain; bilateral shoulder sprain/strain; right shoulder acromioclavicular joint osteoarthritis; bilateral

shoulder tendinitis; left elbow sprain/strain; bilateral wrist sprain/strain; rule out carpal tunnel syndrome; thoracic spine sprain/strain; lumbar spine disc displacement; lumbar radiculopathy, anxiety disorder; mood disorder). Treatments to date have included medications, imaging studies, physical therapy, acupuncture, and chiropractic treatment. The medical record identifies that medications offer temporary relief of pain and improve ability to have restful sleep. The treating physician documented a plan of care that included Tabradol, Deprizine, and Synapryn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Deprizine 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

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

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is a H2 blocker indicated in the treatment of peptic ulcer disease, dyspepsia and GERD. The patient has none of these primary diagnoses as related to the industrial accident and therefore the request is not medically necessary.

Synapryn 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 76-78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor- shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores. There are also no objective measurements of improvement in function. Therefore, criteria for the ongoing use of opioids have not been met and the request is not medically necessary.