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| Case Number: | CM15-0097507 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 01/01/2014 |
| Decision Date: | 07/02/2015 | UR Denial Date: | 05/14/2015 |
| Priority: | Standard | Application Received: | 05/20/2015 |

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: Florida

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 38-year-old female, who sustained an industrial injury on 01/01/2014. She has reported subsequent neck, shoulder, wrist, low back, head and bilateral foot pain and was diagnosed with cervicalgia, cervical disc displacement, cervical radiculopathy, and sprain of the shoulder joint, pain in the bilateral wrists, lumbar radiculopathy, bilateral foot pain and right foot osteoarthritis. Treatment to date has included oral pain medication, chiropractic therapy and acupuncture. In a progress note dated 04/29/2015, the injured worker complained of neck, bilateral shoulder, bilateral wrist, low back, bilateral foot and head pain. Objective findings were notable for tenderness to palpation of the trapezius and levator scapular muscles, splenius, scalene and sternocleidomastoid muscles, positive cervical distraction and maximal foraminal compression test, tenderness to palpation of the bilateral shoulders, wrists and lumbar paraspinal muscles, decreased range of motion of the lumbar spine, positive bilateral straight leg raise, positive Tinel's, Phalen's, Finkelstein's, Neer's, Kennedy Hawkins, Speed's and Flicker tests. A request for authorization of Synapryn oral suspension was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Synapryn 10mg/ml oral suspension 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 Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, Synapryn contains Tramadol, an opiate pain medication. There is no objective evidence of improved functioning with this narcotic pain medication. Likewise, this medication request is not considered medically necessary.