

Case Number:	CM15-0099310		
Date Assigned:	06/01/2015	Date of Injury:	04/06/2012
Decision Date:	09/21/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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 55-year-old female, who sustained an industrial injury on April 6, 2012. The injured worker was diagnosed as having left shoulder strain/sprain and left and right elbow strain/sprain. Treatment to date has included shoulder surgery, acupuncture and medication. A progress note dated March 27, 2015 provides the injured worker complains of neck, back and shoulder pain. Physical exam notes tenderness on palpation of the cervical and thoracic area. There is bilateral tenderness to palpation of the shoulders and Yergason's causes' pain. There is tenderness to palpation of the bilateral elbows. There is a request for Trabradol, Deprizine, Dicopanol and Synapryn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/1ml Oral suspension 250ml, 1 tsp 2-3 times a day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, for pain Page(s): 63-66.

Decision rationale: This patient presents with chronic neck and back pain. The current request is for Tabradol 1mg/1ml Oral suspension 250ml, 1 tsp 2-3 times a day #1. The RFA is dated 02/27/15. Treatment to date has included shoulder surgery, physical therapy, acupuncture and medication. The patient is to return to modified duty on 03/27/15. Tabradol contains Cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. The MTUS Guidelines page 63-66 states, muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. According to progress report 02/27/15, the patient presents with neck and back pain. Physical examination revealed tenderness on palpation of the cervical and thoracic area. There is tenderness to palpation in the bilateral shoulders and Yergason's causes pain. The provider states that Tabradol is recommended for the patient's musculoskeletal condition, and further states that Cyclobenzaprine has consistently been found to be effective in most clinical trials compared to other drugs in its class. This patient has been prescribed this medication since 01/17/14. MTUS Guidelines supports the use of Cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. Given this patient has been using this medication chronically, recommendation for further use cannot be supported. This request is not medically necessary.

Deprizine 15mg/ml Oral suspension 250mg, 2 tsp (10ml) QD #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with chronic neck and back pain. The current request is for Deprizine 15mg/ml Oral suspension 250mg, 2 tsp (10ml) QD #1. The RFA is dated 02/27/15. Treatment to date has included shoulder surgery, physical therapy, acupuncture and medication. The patient is to return to modified duty on 03/27/15. Deprizine is ranitidine (Zantac, H₂-receptor antagonist) mixed with other proprietary ingredients in an oral suspension. 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. According to progress report 02/27/15, the patient presents with neck and back pain. Physical examination revealed tenderness on palpation of the cervical and thoracic area. There is tenderness to palpation in the bilateral shoulders and Yergason's causes pain. The provider states that Deprizine contains ranitidine and other proprietary ingredients and is used in many patients who are on oral NSAID to treat acute to chronic pain and are at risk for gastrointestinal perforation. This patient has been prescribed this medication since 01/17/14. Progress reports do not indicate that this patient suffers from any significant GI complaints, nor is she currently taking high dose or multiple NSAIDs. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Therefore, this request is not medically necessary.

Dicopanol 5mg/ml Oral suspension 150mg, 1 ml PO at bedtime #1: Upheld

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

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

Decision rationale: This patient presents with chronic neck and back pain. The current request is for Dicopanol 5mg/ml Oral suspension 150mg, 1 ml PO at bedtime #1. The RFA is dated 02/27/15. Treatment to date has included shoulder surgery, physical therapy, acupuncture and medication. The patient is to return to modified duty on 03/27/15. Dicopanol contains diphenhydramine, an anti-histamine. ODG guidelines Pain Chapter under Insomnia has the following regarding anti-Histamine for insomnia: (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. According to progress report 02/27/15, the patient presents with neck and back pain. Physical examination revealed tenderness on palpation of the cervical and thoracic area. There is tenderness to palpation in the bilateral shoulders and Yergason's causes pain. The provider states that Dicopanol is prescribed for the treatment of insomnia. This patient has been prescribed this medication since 01/17/14. 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 prescribed this medication since 2014. Therefore, this request is not medically necessary.

Synapryn 10mg/1ml Oral suspension 500ml 1 tsp TID #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids, Tramadol, Glucosamine Page(s): 60,61, 76-78, 88,89, 113 and 50.

Decision rationale: This patient presents with chronic neck and back pain. The current request is for Synapryn 10mg/1ml Oral suspension 500ml 1 tsp TID #1. The RFA is dated 02/27/15. Treatment to date has included shoulder surgery, physical therapy, acupuncture and medication. The patient is to return to modified duty on 03/27/15. Per Dailymed, "Synapryn is tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit" www.dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416. 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. MTUS page77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS page113 for Tramadol (Ultram) states: Tramadol (Ultram) is a

centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. For glucosamine, the MTUS Guidelines page 50 has the following recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulfate (GS), on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. According to progress report 02/27/15, the patient presents with neck and back pain. Physical examination revealed tenderness on palpation of the cervical and thoracic area. There is tenderness to palpation in the bilateral shoulders and Yergason's causes pain. The provider states that Synapryn contains Tramadol and it is recommended to treat neuropathic pain and fibromyalgia pain. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant improvement with utilizing this medication. Furthermore, medical records do not document any arthritic knee conditions to warrant the use of glucosamine. This request is not medically necessary.