

Case Number:	CM15-0099794		
Date Assigned:	06/02/2015	Date of Injury:	07/22/2013
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 35 year old female, who sustained an industrial injury on July 22, 2013. She reported injuries to her head, neck, left shoulder, left elbow, left wrist, low back and left knee. Treatment to date has included diagnostic imaging, MRI, physical therapy, acupuncture therapy and medications. Currently, the injured worker complains of headaches, neck pain, left shoulder pain, left elbow pain, left wrist pain, radicular low back pain and left knee pain. She describes the pain as burning in nature and rates the neck, left shoulder, left wrist, and radicular low back pain a 7 on a 10-point scale. She rated her left knee pain a 5 on a 10-point scale. With her left shoulder pain she has associated muscle spasms and radiation of pain to her fingers. She reports associated muscle spasms and complains of weakness, numbness and tingling in her hand and fingers. The injured worker reports that her pain is alleviated with medications, with rest and with activity restriction. On physical examination, the injured worker has limited range of motion and tenderness to palpation of all areas. The diagnoses associated with the request include headaches, cervical sprain/strain, left shoulder sprain/strain, left elbow sprain/strain, left wrist sprain/strain, lumbar spine sprain/strain and left knee sprain/strain. The treatment plan includes Deprizine, Dicopanol, Fanatrex, Synapryn, and Tabradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bottle of Synapryn 10mg/ml oral suspension 500ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. With regards to using opioids for chronic pain they have been suggested for neurophic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are not trials of long-term use. The use of opioids for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16weeks), but also appears limited. The major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (<70 days). This leads to a concern about confounding issues such as tolerance, opioid-induced hyperalgesia, long-range adverse effects such as hypogonadism and/or opioid abuse. The major goal of continues use is improved functional status. Tramadol is a synthetic opioid affecting the central nervous system. Its use may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Tramadol may produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Tramadol is indicated for moderate to severe pain. In this case the documentation does not support that the patient has had significant functional improvement or decrease in pain while taking this medication. Furthermore, there is no documentation of an inability to take the tablet form of tramadol.

One bottle of Tabradol 1 mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 64-66.

Decision rationale: Tabradol is recommended as an option, using a short course of therapy. Cyclobenzaprine (Tabradol) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case the patient has been using cyclobenzaprine for longer than the recommended amount of time. Continued use is not medically necessary.

One bottle of Deprizine 15mg/ml oral suspension 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com. Drug information.

Decision rationale: According to UptoDate.com, ranitidine is used for short-term and maintenance therapy of duodenal ulcer, gastric ulcer, gastroesophageal reflux disease (GERD), active benign ulcer, erosive esophagitis, and pathological hypersecretory conditions; as part of a multidrug regimen for H. pylori eradication to reduce the risk of duodenal ulcer recurrence. In this case the documentation doesn't support that the patient has a diagnosis for the indication of ranitidine. Furthermore, the patient does not have any documented difficulty with swallowing. The use of liquid ranitidine is not medically necessary.