

Case Number:	CM14-0154006		
Date Assigned:	09/23/2014	Date of Injury:	12/01/2013
Decision Date:	11/07/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

46 year old female claimant sustained a cumulative work injury from 12/1/13-4/26/14 involving the wrists. She was diagnosed with bilateral wrist pain, internal derangement of the wrists, right wrist ganglion cyst and bilateral wrist effusions. An examination on 8/5/14 indicated the claimant tenderness in the carpal bones, decreased range of motion in the left wrist and a positive Finklestein's test on the left wrist. The claimant was given Synapryn, Tabradol and Fanatrex for symptom relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 500 ml 10 mg/ml oral suspension 5 ml TID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and glucosamine Page(s): 50 and 92-93.

Decision rationale: Synapryn contains Tramadol and glucosamine. According to the MTUS guidelines, Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as

acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insufficient evidence for its use in wrist pain. In this case, the claimant was given Synapryn which contains Glucosamine and Tramadol. There is no documentation of failure of 1st line agents and there is insufficient evidence on the use of the above medications combined. The use of Synapryn is not medically necessary.

Tabradol 250 ml 1 mg/ml oral suspension, 5 ml 2-3 times/day #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

Decision rationale: Tabradol contains Cyclobenzaprine. According to the MTUS guidelines, Cyclobenzaprine is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Tabradol with other agents. It is not intended for long term use. The claimant had been prescribed for 3 times a day for unknown length of time. The Tabradol is not medically necessary.

Fanatrex 420 ml 25 mg/ml oral suspension, 5 ml TID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: Fanatrex contains Gabapentin. According to the MTUS guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Fanatrex is not medically necessary.