

Case Number:	CM13-0005097		
Date Assigned:	12/11/2013	Date of Injury:	06/20/2005
Decision Date:	02/10/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management 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 physician 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:

The patient is a 53-year-old female who reported an injury on 06/20/2005. The patient is currently diagnosed with right shoulder internal derangement, lumbar herniated nucleus pulposus, lumbar radiculopathy, anxiety, and stress. The patient was seen by [REDACTED] on 09/22/2013. Physical examination revealed a well-healed surgical scar over the lateral deltoid portion of the shoulder, tenderness to palpation to the subacromial space and the supraspinatus insertion, diminished range of motion on the right, intact sensation, decreased strength, and 2+ deep tendon reflexes. The patient also demonstrated tenderness with spasm in the lumbar paraspinal muscles and lumbosacral junction with decreased range of motion and decreased strength. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1 mg/ml oral suspension 250ml, #1: 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 Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. There is no indication that this patient cannot safely swallow pills or capsules. There is also no evidence of a satisfactory response to treatment. Despite the ongoing use, the patient continues to demonstrate lumbar paraspinal muscle spasm. Based on the clinical information received, the request for prescription of Tabradol 1mg/ml oral suspension 250ml #1 is non-certified.

Deprizine 15mg/ml oral suspension 250ml, #1: 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 Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no evidence that this patient cannot safely swallow pills or capsules. Based on the clinical information received, the request for prescription for Deprizine 15mg/ml oral suspension 250ml #1 is non-certified.

Dicopanol 5mg/ml oral suspension 150ml, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the clinical notes submitted, there is no indication of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no evidence that this patient cannot safely swallow pills or capsules. The medical necessity has not been established. Therefore, the request for prescription Dicopanol 5mg/ml oral suspension 150ml #1 is non-certified.