

Case Number:	CM13-0036685		
Date Assigned:	12/13/2013	Date of Injury:	09/24/2012
Decision Date:	05/22/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 61-year-old male who reported an injury on 09/24/2012. The mechanism of injury was the injured worker tried to stop a falling pallet of products when he felt pain in the right biceps. The injured worker was treated with physical therapy and medications. The documentation of 09/27/2013 revealed the injured worker had tenderness to palpation in the suboccipital region as well as over both scalene and trapezius muscles. The injured worker had decreased range of motion. The injured worker had tenderness to palpation in the deltopectoral groove and on the insertion of the supraspinatus muscle. The injured worker had decreased range of motion in the shoulder. The diagnosis included right shoulder sprain/strain. The treatment plan included x-ray, MRI, EMG/NCV, PT, shockwave therapy, TENS unit, hot and cold unit, Ketoprofen, Cyclophene, Dicopanol, Deprizine, Fanatrex, and Tabradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOPANOL (DIPHENHYDRAMINE) 150 ML ORAL SUSPENSION: 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), Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.drugs.com/search.php?searchterm=Dicopanol>.

Decision rationale: Dicopanol is diphenhydramine hydrochloride and it was noted this drug has not been found by the FDA to be safe and effective and the labeling was not approved by the FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to FDA regulations. The request as submitted failed to indicate the frequency for the medication. There was lack of documentation indicating the injured worker had an inability to swallow or tolerate a pill. The duration of the medication use could not be established through supplied documentation. Given the above and the lack of documentation of exceptional factors, the request for Dicopanol (diphenhydramine) 150 ml oral suspension is not medically necessary.

FANATREX (GABAPENTIN) 420ML ORAL SUSPENSION FOR NEUROPATHIC PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 16. Decision based on Non-MTUS Citation
<http://www.drugs.com/search.php?searchterm=Fanatrex>.

Decision rationale: California MTUS guidelines indicate that Gabapentin is used in the treatment of neuropathic pain. Per drugs.com, Fanatrex is noted to be an oral suspension of Gabapentin and has not approved by the FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The request as submitted failed to indicate the frequency for the medication. The duration of use could not be established through the supplied documentation. There was a lack of documentation indicating the injured worker could not swallow or tolerate a pill. Given the above, and the lack of documentation of exceptional factors to warrant non-adherence to FDA guidelines, the request for prescription for Fanatrex is not medically necessary.

DEPRIZIINE 250ML ORAL SUSPENSION, FOR GI PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 69.

Decision rationale: MTUS Guidelines recommends Histamine 2 blockers for treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication Deprizine includes ranitidine which is a Histamine 2 blocker and can be used for the treatment of dyspepsia. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to indicate the injured worker was utilizing an NSAID to support the necessity for a histamine 2 blocker. There was lack of documentation indicating the injured worker had an inability to swallow or tolerate a pill. The duration of use could not be established through supplied documentation. The request as submitted failed to provide the frequency for the requested medication. Given the above, the request for Deprizine 250 mL oral suspension for GI pain is not medically necessary.