

Case Number:	CM13-0046017		
Date Assigned:	01/10/2014	Date of Injury:	09/20/2013
Decision Date:	07/03/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 employee is a 31-year-old gentleman who states he sustained a work-related injury on September 20, 2013. A physician's first report of injury on an unknown date stated the injured employee complained of neck pain, bilateral elbow pain, mid back pain and right knee pain. The physical examination notes in this report are difficult to read. There were diagnoses of medial epicondylitis, wrist sprain/strain, DeQuervains tenosynovitis, left wrist carpal tunnel syndrome, a lumbosacral sprain/strain and bilateral knee internal derangement. An x-ray and an MRI were recommended. A utilization review, dated October 21, 2013, did not medically necessitate the use of Dicopanол and Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS X 2: DICOPANOL 5MG/ML X 150M: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress, Diphenhydramine, updated June 12, 2014.

Decision rationale: Dicopanol is diphenhydramine hydrochloride 5 mg/mL in oral suspension. Diphenhydramine is a medication typically used for allergies or as a sleep aid. There is no information in the attached medical record that the injured employee has been diagnosed with either of these two conditions. Without specific justification for the use of this medication, this request for Dicopanol is not medically necessary.

MEDS X 2: FANATREX 25MG/ML X 420ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), gabapentin Page(s): 49 of 127.

Decision rationale: The copies of the attached medical records are difficult to read. It is unclear if there were objective findings found of radiculopathy on physical examination. However, there is no diagnosis of a lumbar radiculopathy as required by Chronic Pain Medical Treatment Guidelines. Additionally Fanatrex is a compounded oral suspension of Gabapentin. While Gabapentin may be appropriate for this individual there is no justification noted for a special compounded oral preparation of Gabapentin. For these multiple reasons this request for Fanatrex is not medically necessary.