MAXIMUS Federal Services

Case Number:	CM13-0047226		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2013
Decision Date:	03/06/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and rehabilitation, has a subspecialty in 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:

This is a 49-year-old cashier reported a cumulative trauma injury on 6/3/13. She has been diagnosed with cervicalgia; cervical radiculopathy; bilateral shoulder pain; bilateral elbow cubital tunnel syndrome; bilateral wrist pain; bilateral deQuervains; thoracic sprain; lumbago; lumbar radiculopathy; bilateral hip pain; GI (gastrointestinal) upset; anxiety; mood disorder; stress; sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (Diphenhydramine) 5mg/ml Oral suspension 150 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter Online, Insomnia Treatment Section.

Decision rationale: The patient is not reported to have difficulty swallowing, and was reported to be able to take the oral tablet forms of tramadol and ibuprofen. There is no discussion why she requires an oral suspension rather than the traditional tablet forms. Dicopanol is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients. The Chronic

Pain Medical Treatment Guidelines in general for compounded medications states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since components of "other proprietary ingredients" are unknown, they cannot be compared against the Chronic Pain Medical Treatment Guidelines criteria, and therefore cannot be confirmed to be in accordance with the Chronic Pain Medical Treatment Guidelines. The request for Dicopanol (Diphenhydramine) 5mg/ml Oral suspension 150 ml is not medically necessary or appropriate.

Fanatrex (Gabapentin) 25 mg/ml oral suspension 420 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-19. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 111-113.

Decision rationale: The patient is not reported to have difficulty swallowing, and was reported to be able to take the oral tablet forms of tramadol and ibuprofen. There is no discussion why she requires an oral suspension rather than the traditional tablet forms. Fanatrex is a compound with gabapentin and other proprietary ingredients. The Chronic Pain Medical Treatment Guidelines in general for compounded medications states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since components of "other proprietary ingredients" are unknown, they cannot be compared against the Chronic Pain Medical Treatment Guidelines criteria, and therefore cannot be confirmed to be in accordance with the Chronic Pain Medical Treatment Guidelines. The request for Fanatrex (Gabapentin) 25 mg/ml oral suspension 420 ml is not medically necessary or appropriate.

Deprizine 15 mg/ml oral suspension 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: The patient is not reported to have difficulty swallowing, and was reported to be able to take the oral tablet forms of tramadol and ibuprofen. There is no discussion why she requires an oral suspension rather than the traditional tablet forms. Deprizine is a compound with ranitidine and other proprietary ingredients. The Chronic Pain Medical Treatment Guidelines in general for compounded medications states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since components of "other proprietary ingredients" are unknown, they cannot be compared against the Chronic Pain Medical Treatment Guidelines criteria, and therefore cannot be confirmed to be in accordance with the Chronic Pain Medical Treatment

Guidelines. The request for Deprizine 15 mg/ml oral suspension 250 ml is not medically necessary or appropriate.