

<b>Case Number:</b>	CM13-0048650		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female who reported an injury on 11/01/2012. The patient is currently diagnosed with headaches, cervical spine pain, cervical radiculopathy, bilateral shoulder pain, bilateral tennis elbow, bilateral wrists carpal tunnel syndrome, bilateral hand pain, lumbar spine pain, lumbar radiculopathy, and anxiety disorder. The patient was seen by [REDACTED] on 11/20/2013. The patient reported ongoing pain over multiple areas of the body. Physical examination revealed tenderness to palpation with decreased range of motion of the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists and hands, positive Tinel's and Phalen's testing bilaterally, diminished sensation bilaterally, and tenderness to palpation with decreased lumbar range of motion and decreased motor strength and sensation in the bilateral lower extremities. Treatment recommendations included continuation of current medications and initiation of acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dicopanol 1mL:** 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), Pain Chapter.

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

**Decision rationale:** Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the clinical documentation submitted, the patient does not maintain a diagnosis of chronic insomnia. There is also no indication of a chronic condition where an antihistamine is necessary. There is no evidence that this patient cannot safely swallow pills or capsules. Additionally, there is no evidence of a failure to respond to non-pharmacologic treatment prior to the initiation of a prescription medication. Based on the clinical information received, the request is non-certified.

**Deprizine 10mL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com)

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

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the documentation 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 is non-certified.

**Fanatrex 5mL:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and postherpetic neuralgia. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated. Additionally, there is no indication that this patient is unable to safely swallow pills or capsules. Based on the clinical information received, the request is non-certified.

**Tabradol 5mL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** 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. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There was no documentation of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. Additionally, there is no indication this patient cannot safely swallow pills or capsules. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.