

Case Number:	CM13-0059613		
Date Assigned:	12/30/2013	Date of Injury:	09/26/2013
Decision Date:	06/03/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Orthopedic Sports Medicine, and is licensed to practice in Texas. 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 patient is a 47 year old male who was injured on 9/26/13 when he jumped from a moving forklift falling from a dock, which resulted in an ankle fracture, and injuries to the bilateral knees and back. The patient reported dull, achy low back, bilateral knee, and bilateral ankle/foot pain. The pain is exacerbated by activities of daily living. Low back pain radiates to the bilateral lower extremities, right greater than left, with associated numbness and tingling. Physical examination of the lumbar spine revealed tenderness at the L3-5 from palpation and bilateral lumbar paraspinal grinding. Physical examination of the bilateral knees revealed tender joint lines located at the patellar and femoral joint, positive McMurray's testing, and patellar grind on the right. Examination of the left ankle revealed tender malleoli, and positive eversion and inversion of the left. Current diagnoses included lumbar spine sprain/strain, lumbar radiculopathy, bilateral knee sprain/strain rule out internal derangement, status post closed fracture of the medial malleolus of the right ankle with residual pain, and left ankle sprain/strain rule out internal derangement. The patient was recommended a TENS unit, physical therapy, acupuncture, shockwave therapy, a functional capacity evaluation, MRIs and x-rays, EMG/NCV, and multiple medications to include Tabradol, cyclophane, Ketoprofen cream, Deprizine, dicopanol, Fanatrex, and Synapryn. The most recent clinical documentation was dated 10/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOPANOL 5MG/ML ORAL SUSPENSION 150ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Dicopanол is the diphenhydramine hydrochloride kit for oral suspension. There is no indication in the documentation to indicate that the patient cannot tolerate the pill version of this medication, nor the over-the-counter version. As such, the request is not medically necessary.

FANATREX 25MG/ML, 420ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation www.drugs.com/search.php?searchterm=Fanatrex.

Decision rationale: Based on the information, Fanatrex is the oral suspension formulation of Gabapentin in a compounded suspension kit. There is no indication in the documentation to indicate that the patient cannot tolerate the pill version of this medication. As such, the request is not medically necessary.

DEPRIZINE 15MG/ML, 250ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.Drugs.com/pro/deprizine.html.

Decision rationale: Based on current information, Deprizine is the compounded suspension kit of ranitidine hydrochloride 16.8 mg/mL [15 mg/mL ranitidine]. There is no indication in the documentation to indicate that the patient cannot tolerate the pill version of this medication. As such, the request is not medically necessary.