

Case Number:	CM13-0063025		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2012
Decision Date:	04/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 and 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 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 37-year-old female who reported an injury on 06/17/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical spine pain, cervical radiculopathy, lumbosacral pain, lumbar radiculopathy, and bilateral knee pain. The patient was seen by [REDACTED] on 10/21/2013. The patient reported persistent neck, low back, and knee pain. Physical examination revealed tenderness to palpation, decreased cervical range of motion, intact sensation, slightly reduced motor strength, and tenderness to palpation of the lumbar spine, decreased lumbar range of motion, slightly diminished sensation, and decreased strength. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

500ML OF SYNAPRYN 10MG/ML ORAL SUSPENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-

opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal tenderness to palpation, decreased range of motion, and decreased strength. Additionally, there is no indication that this patient cannot safely swallow pills or capsules. The request for 500ml of Synapryn 10mg/ml oral suspension is not medically necessary and appropriate.

250ML OF TABRADOL 1MG/ML ORAL SUSPENSION: 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: The 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. Guidelines do not recommend chronic use of this medication. There is also no indication that this patient cannot safely swallow pills or capsules. The request for 250ml of Tabradol 1mg/ml oral suspension is not medically necessary and appropriate.

250ML DEPRIZINE 15MG/36 ORAL SUSPENSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at 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. The request for 250ml Deprizine 15mg/36 oral suspensions is not medically necessary and appropriate.

150ML DICOPANOL (DIPHENHYDRAMINE) 5MG/ML ORAL SUSPENSION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the documentation submitted, there is no indication of chronic insomnia or sleep disturbance. There is also no indication that this patient cannot safely swallow pills or capsules. The request for 150ml Dicopanol (Diphenhydramine) 5mg/ml oral suspension is not medically necessary and appropriate.

FANATREX (GABAPENTIN): 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: The 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. The patient's physical examination continues to reveal decreased range of motion, diminished sensation, and decreased strength. There is also no indication that this patient cannot safely swallow pills or capsules. The request for Fanatrex (Gabapentin) is not medically necessary and appropriate.