MAXIMUS Federal Services

Case Number:	CM13-0065430		
Date Assigned:	01/03/2014	Date of Injury:	10/03/2013
Decision Date:	06/04/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine, Pulmonary Diseases 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 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 worker is a 37-year-old male who reported an injury on 10/03/2013. The mechanism of injury was the injured worker was removing shelves in a linen department when he injured his low back. The documentation of 10/24/2013 revealed the injured worker had tenderness to palpation at both sciatic notches, the right more than the left. The injured worker had decreased range of motion and the tripod and Lasegue's signs were positive. The injured worker had decreased sensation at L5 and S1 dermatomes bilaterally and motor strength was decreased bilaterally. There was tenderness to palpation at the quadratus lumborum and the femoral sacral junction. The diagnoses included lumbar spine radiculopathy, abdominal pain, and anxiety disorder, as well as a sleep disorder. The treatment plan included x-rays, compounded ketoprofen, compounded cyclophene, compounded Synapryn, Tabradol, Deprizine, Dicoponal, and Fanatrex. It was indicated the Deprizine was used as a prophylaxis for the development of a gastric ulcer and the Dicoponal was for insomnia.

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 1ML PO DEDTIME 150ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/search.php?searchterm=dicopanol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN.

Decision rationale: The Expert Reviewer's decision rationale: Per Drugs.com, Dicopanol is diphenhydramine hydrochloride and it was noted this drug has not been found by the FDA to be safe and effective and the labeling was not approved by the FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to provide exceptional factors to warrant non-adherence to FDA regulations. The clinical documentation submitted for review failed to indicate the injured worker had complaints of difficulty sleeping. There was lack of documentation indicating the injured worker could not utilize a tablet or capsule. The duration of the medication could not be established.Given the above, the request for dicoponal (diphenhydramine) 5 mg/ml oral suspension 1 ml po at bedtime 150 ml is not medically necessary.

DEPRIZINE 15MG/ML ORAL SUSPENSION10ML 0D 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 (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The Expert Reviewer's decision rationale: The California MTUS Guidelines recommend histamine 2 blockers for treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the medication Deprizine includes ranitidine which is a Histamine 2 blocker and can be used for the treatment of dyspepsia. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to indicate the injured worker had complaints of dyspepsia. The physician indicated it was for prophylactic treatment. The duration of the medication could not be established.There was a lack of documentation indicating the injured worker did not tolerate or had an inability to swallow pills. Given the above, the request for Deprizine 15 mg/ml oral suspension 10 ml 0d 250 ml is not medically necessary.