MAXIMUS Federal Services

Case Number:	CM13-0066362		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2003
Decision Date:	03/28/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 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:

The patient is a 56-year-old injured worker with a 4/25/03 date of injury. At the time of request for authorization for Fanatrex 25mg and Dicopanol 5mg, there is documentation of subjective neck pain, left shoulder pain, left elbow pain, left wrist pain, low back pain, and difficulty sleeping. Objective findings include tenderness at the suboccipitals muscles, trigger point in the bilateral upper trapezius, positive Spurling's, tenderness at the supraspinatus and infraspinatus muscles, and AC joint, decreased shoulder range of motion with positive impingement sign, tenderness over the medial epicondyle with decreased range of motion and positive Tinel's, decreased sensation of the left wrist with positive Finkelstein's, and tenderness at the lumbar spine with diminished motor strength of the lower extremities). Current diagnoses included cervical spine sprain/strain, cervical radiculopathy, right shoulder internal derangement status post surgery, left elbow sprain/strain, lumbar sprain/strain with radiculopathy, left wrist De Quervain's tenosynovitis, and sleep disorder. Treatment to date includes medications. In addition, medical report plan indicates initial trial of Fanatrex (Gabapentin oral suspension) for chronic neuropathic pain and Dicopanol (Diphenhydramine oral suspension) for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs; Gabapentin Page(s): 16-19. Decision based on Non-MTUS Citation (http://www.drugs.com/pro/fanatrex.html)

Decision rationale: Fanatrex is identified as an oral suspension kit containing 10.5 g gabapentin and 420 mL oral suspension vehicle (water, banana flavor, N-acetyl-D-glucosamine, strawberry flavor, marshmallow flavor, glycerin, Stevia powder, Acesulfame potassium, Xanthan gum, Monoammonium Glycyrrhizinate, sodium saccharin, sodium benzoate, potassium Sorbate, dibasic sodium phosphate). The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, and pain relief and improvement in function as well as documentation of side effects incurred with use, as criteria necessary to support the medical necessity of Gabapentin. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, cervical radiculopathy, right shoulder internal derangement status post surgery, left elbow sprain/strain, lumbar sprain/strain with radiculopathy, and left wrist De Quervain's tenosynovitis. In addition, there is documentation of neuropathic pain. However, there is no documentation of a statement identifying why an oral suspension is needed for this patient, as opposed to the evidence based guidelines supported and FDA approved medication (Gabapentin capsules, tablets, and oral solution). The request for Fanatrex 25mg is not medically necessary and appropriate.

Dicopanol 5mg: 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) Mental Illness & Stress, Diphenhydramine (Benadryl)

Decision rationale: The Official Disability Guidelines (ODG) states sedating antihistamines are not recommended for long-term insomnia treatment. Within the medical information available for review, there is documentation of a diagnosis of sleep disorder and a plan indicating Dicopanol (Diphenhydramine oral suspension) for insomnia. However, there is no documentation of the intended duration of therapy with Dicopanol. The request for Dicopanol 5mg is not medically necessary and appropriate.