

<b>Case Number:</b>	CM13-0072395		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/05/2013
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, right shoulder, and bilateral wrist pain reportedly associated with an industrial injury of May 5, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, topical compounds and oral suspension. In a utilization review report dated December 17, 2013, the claims administrator denied a request for a Deprizine oral suspension, a Dicopanol oral suspension, and a Fanatrex oral suspension. A variety of non-MTUS Guidelines were invoked. The applicant's attorney subsequently appealed. In a doctor's first report dated November 15, 2013, difficult to follow, blurred as a result of repetitive photocopying, it was acknowledged that the applicant was alleging pain secondary to cumulative trauma over the preceding one year of employment as a cashier and receptionist, as opposed to a specific, discrete injury. The applicant had ongoing complaints of neck pain, shoulder pain, wrist pain, and carpal tunnel syndrome, it was acknowledged. Extracorporeal shockwave therapy, electrodiagnostic testing, x-ray studies of various body parts, MRI studies of various body parts, a TENS unit, a hot and cold unit, and topical compounded ketoprofen agent, topical compounded Cyclophene agent and various other oral suspensions and topical compounds were issued. These oral suspension topical compounds were issued via a form letter, with no narrative rationale or the applicant-specific commentary as to why these particular agents were selected. The applicant was placed off of work, on total temporary disability.

### 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, 1ML PO QHS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG MENTAL ILLNESS & STRESS, INSOMNIA TREATMENT.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine, Diphenhydramine.

**Decision rationale:** The California MTUS does not address the topic. As noted by the National Library of Medicine (NLM), Dicopanol (diphenhydramine) is indicated in the treatment of allergic reactions, motion sickness, and Parkinson's disease. In this case, however, there was no clearly voiced mention of any allergic reactions, motion sickness and/or Parkinsonism being present on the November 15, 2013, doctor's first report on which Dicopanol was requested. Therefore, the request was not medically necessary.

**FANATREX 25MG/ML ORAL SUSPENSION 420ML, 1 TSP TID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Fanatrex or Gabapentin in the treatment of neuropathic pain, in this case, however, it was clearly stated what the source of the applicant's symptoms was. The applicant appeared to have mechanical multifocal body pain associated with cumulative trauma at work. There was no clear statement that Fanatrex (Gabapentin) was, in fact, being employed for neuropathic pain relief purposes. Therefore, the request was not medically necessary.

**DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML 2 TSP OD: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL CENTER FOR BIOTECHNOLOGY INFORMATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of Deprizine (ranitidine) in the treatment of NSAID-induced dyspepsia, in this case, the doctor's first report of November 13, 2013 on which Deprizine (ranitidine) was requested made no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. No rationale for section of Deprizine (ranitidine) was proffered by the attending provider. Therefore, the request was not medically necessary.