

<b>Case Number:</b>	CM14-0000562		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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, has a subspecialty in Interventional Spine 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 patient is a 38-year-old male with a date of injury of 10/14/2013. The listed diagnoses per [REDACTED] are: 1. Cervical spine radiculopathy. 2. Cervical spine strain/sprain. 3. Cervical disk displacement. 4. Lumbar spine radiculopathy. 5. Lumbar spine sprain/strain. 6. Lumbar disk displacement. 7. Sexual dysfunction. 8. Anxiety disorder. 9. General anxiety. 10. Mood disorder. 11. Sleep disorder. According to Doctor's First Report from 11/29/2013 by [REDACTED], the patient presents with headaches, neck and low back pain, stress anxiety, insomnia, and depression. The patient also complains of sexual dysfunction. Physical examination revealed 2+ tenderness of the occiputs, trapezius, and at the rhomboid muscles. There is a decrease in range of motion. Cervical distraction and maximal foraminal compression tests are both positive. The patient is able to heel/toe walk; however, he has pain with heel walking. There is bilateral paraspinal muscle guarding and decreased range of motion. Straight leg raise is positive at 55 degrees. The treater is requesting Deprizine 15 mg oral suspension 250 mL for GI pain and as a prophylaxis against the development of gastric ulcer. Treater also recommends Dicopanol 5 mg/mL oral suspension 150 mL for insomnia and Fanatrex (gabapentin) 25 mg/mL oral suspension 420 mL for chronic neuropathic pain. Utilization review denied the requests on 12/24/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Low Back Complaints; NSAIDs, GI Sy.

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

**Decision rationale:** This patient presents with moderate to severe neck and low back pain. Patient also complains of headache, anxiety, insomnia, and depression. The treating physician is requesting Deprizine 15 mg/mL oral suspension 250 mL for "GI pain and as a prophylaxis against the development of gastric ulcer." Deprizine treats and prevents heartburn with acid indigestion. It is also noted to treat stomach ulcers, gastroesophagus reflux disease (GERD). This medicine is a histamine H2-blocker. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the treating physician states the patient has gastric pain but does not provide any GI- risk assessment. Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI-risk assessment. Furthermore, the treating physician provides no discussions as to why oral suspensions are being requested. Therefore, the request is not medically necessary.

**DICOPANOL 5MG/ML ORAL SUSPENSION 150ML: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Neck and Upper Back Com.

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

**Decision rationale:** This patient presents with moderate to severe neck and low back pain. Patient also complains of headache, anxiety, insomnia, and depression. The treating physician is requesting Dicopanol 5mg/ml oral suspension 150ml for insomnia. This drug classification is antiemetic, histamine-1, receptor antagonis, an oral formulation for Benadryl. The MTUS, ACOEM, and ODG guidelines do not discuss Dicopanol. ODG guidelines has the following regarding anti-Histamine for insomnia: (4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. ODG states that tolerance develops within a few days. It does not appear to be intended for a long-term use and the treating physician is requesting 150ml, 1ml to be taken once nightly. Furthermore, it is not known why the treating physician is prescribing

oral suspension formulation for this drug. There is no documentation regarding the patient's inability to swallow pills. Therefore, the request is not medically necessary.

**FANATREX 25MG/ML ORAL SUSPENSION 420ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Neck and Upper Back Com.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 18,19..

**Decision rationale:** This patient presents with moderate to severe neck and low back pain. The patient also complains of headaches, stress, anxiety, insomnia, and depression. The treating physician is requesting Fanatrex (gabapentin) 25 mg/mL oral suspension 420 mL for patient's neuropathic pain. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." This patient suffers from cervical and lumbar radiculopathy and Gabapentin is indicated for neuropathic pain. The Utilization review dated 12/24/2013 denied the request because the prescription as there is "no clear indication for use of suspension form over regular tablet." The treating physician really does not provide any discussion on why oral suspension. While the use of gabapentin is indicated for neuropathic pain, it is not understood why the treater uses oral solutions for all meds. ACOEM guidelines page 492 consider apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. In this case, the treating physician does not explain why the patient must have use oral solution. Therefore, the request is not medically necessary.