MAXIMUS Federal Services

Case Number:	CM14-0109808		
Date Assigned:	08/01/2014	Date of Injury:	04/02/2012
Decision Date:	10/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Texas. 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 31 year old female who sustained an industrial injury on 4/02/2012.A 3/11/2014 UDS demonstrates the patient's sample collected on 3/6/2014, is negative for all tested medications. Prescribed medications are Ibuprofen and Terocin. According to the 3/6/2014 PR-2, the patient complains of 5-6/10 intermittent headaches, 8/10 neck pain, 6-7/10 mid back pain, 8/10 lower back pain, as well as stress, anxiety and depression. She states symptoms persist but medications offer temporary relief and improve her ability to have restful sleep. She denies any problems with medications. Pain is alleviated by activity restrictions. Physical examination reveals tenderness, decreased ROM, + cervical distraction, maximum foraminal compression, decreased sensation over C5-T1, decreased C-T1 myotomes; well-healed T/S surgical scar, tenderness, paraspinal muscle guarding, decreased ROM, +Kemps, intact T1-T12 dermatomes; heel/toe walk with pain, able to squat 10%, tenderness, decreased ROM, negative SLR, + sitting root, Kemp's, sensation intact; L2-S1 myotomes decreased. Diagnoses are headaches, cervical sprain, thoracic pain, thoracic sprain, low back pain, lumbar sprain, anxiety disorder, unspecified mood disorder, and acute stress reaction. The treatment plan is UDS, Terocin patches for pain relief are requested by the patient, TENS, x-rays and MRI of the C/S, T/S and L/S, EMG/NCV of the bilateral upper and lower extremities, physical therapy, Hot/cold unit, LINT for L/S and T/S. A letter of medical necessity dated 3/9/2014 indicates the patient was dispensed oral suspensions of Dicopanol, Deprizine, Fanatrex, Synapryn, and Tabradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 5mg/ml 10ml 1x daily: 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 NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the 3/9/2014 letter of medical necessity, Deprizine is an oral suspension containing Ranitidine (Zantac) and other proprietary ingredients. According to the guidelines, proton pump inhibitors, such as Omeprazole, are recommended for patients at risk for gastrointestinal events. Determining factors are 1) age over 65 years, 2) history of peptic ulcer, GI bleeding or perforation, 3) concurrent use of ASA, corticosteroids, and/or an anticoagulants, or 4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The medical records do not establish any of these risk factors are present in the case of this patient. The medical records do not establish this patient has notable risk for GI events. All other agents, including Zantac, should be considered second-line therapy. Furthermore, the medical records do not establish medical necessity for oral suspension formulation.

Fanatrex 25mg/ml 5ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: According to the 3/9/2014 letter of medical necessity, Fanatrex is an oral suspension, containing active ingredient Gabapentin and other proprietary ingredients. According to the CA MTUS guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records do not establish the patient has neuropathic pain. There lacks specific subjective complaints with correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. Furthermore, the medical records do not establish the patient is unable to tolerate standard oral medications, the medical necessity for an oral suspension is not established. The medical necessity of Fanatrex has not been established.

Dicopanol 5mg/ml 1ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Online Edition Chapter Pain Insomnia treatment

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

Decision rationale: According to the 3/9/2014 letter of medical necessity Dicopanol is an oral suspension, that contains the active ingredient is Diphenhydramine and other proprietary ingredients. Diphenhydramine is an antihistamine, it is used to relieve red, irritated, itchy, watery eyes; sneezing; and runny nose caused by hay fever, allergies, or the common cold. According to ODG, sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The medical records do not demonstrate this patient presents with any of these symptoms or describes any such complaints for which this active ingredient is recommended to treat. In the absence of documented allergy, cough or cold symptoms, or diagnosed insomnia, the medical necessity of this active ingredient has not been established. Furthermore, the medical records do not establish the patient is unable to tolerate standard oral medications. The medical necessity of Dicopanol is not established.