

Case Number:	CM14-0011694		
Date Assigned:	02/21/2014	Date of Injury:	03/23/2012
Decision Date:	08/08/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/29/2014

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 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:

This is a 32-year-old male patient with 3/23/12 date of injury. He injured himself while trying to unclog the machine and felt a pop in the left knee. A progress report dated on 1/21/14 indicated that the patient complained of frequent pain in his left knee, 6/10. He also complained of numbness and reported that his pain increased with any weight bearing activity. He had altered gait due to left knee pain. He also stated that his pain aggravated when he was going upstairs, or squatting. Objective findings revealed nonspecific tenderness at the left knee. He had difficulties with squat raise, and toe and heel walking. Left knee range of motion was within normal ranges. The patient also complained of difficulty of falling asleep due to knee pain. He was diagnosed with S/p left knee surgery (7/21/12), internal derangement of knee, Difficulty in walking, myositis and myalgia, and leg sprain. Treatment to date: medication management, and physical therapy. There is documentation of a previous 1/9/14 adverse determination, based on the fact that there was no evidence of neurologic pain, radiculopathy, nerve impingement, as well as the fact that Gabapentin in the form of Fanatrex was not medically necessary. There was no demonstrated medical evidence to support necessity of compounded Benadryl solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOPANOL 5 MG/ML ORAL SUSPENSION, 150 ML: 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 Chapter.

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: <http://www.drugs.com/cdi/diphenhydramine.html>.

Decision rationale: The CA MTUS does not address this issue. Dicopanol (diphenhydramine hydrochloride 5 mg/mL, in oral suspension - compounding kit) is for treating occasional sleeplessness and reducing difficulty falling asleep. Diphenhydramine is an antihistamine. It works in the brain to cause drowsiness. The patient complained of difficulty of falling asleep due to pain. However, there is no documentation that the patient requires a liquid suspension form of this medication. Therefore, the request for Dicopanol 5 mg/ml oral suspension, 150 ml was not medically necessary.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page (18-19), (Gabapentin 25 mg/mL, in oral suspension - kit) Page(s): (18-19),.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines identifies that gabapentin (Neurontin, Gabarone, generic available) 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. However, there was no rationale provided for the medical necessity of an oral suspension. Therefore, the request for Fanatrex 25 mg/ml oral suspension, 420 ml was not medically necessary.