

<b>Case Number:</b>	CM14-0017469		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 46-year-old male who reported an injury on 09/26/2013, secondary to a fall. Current diagnoses include intervertebral disc displacement in the lumbar region, rule out radiculopathy, patellar bursitis, patellar tendonitis, sprain of the ACL of bilateral knees, pain in bilateral ankles, status post fracture, and short achilles tendon. The injured worker was evaluated on 01/20/2014. The injured worker reported persistent lower back pain, bilateral knee pain, and right ankle pain. Physical examination revealed tenderness at L3 to L5, lumbar paraspinal muscle guarding, decreased range of motion, positive straight leg raising, 2+ tenderness over the medial and lateral joint line, 1+ tenderness at the patellofemoral joint on the right knee, positive McMurray's testing, positive edema in bilateral ankles, 1+ tenderness over the medial and lateral malleolus, and positive eversion/inversion testing. Treatment recommendations at that time included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICOPANOL (DEPHENHYDRAMINE) 5MG/ML ORAL SUSP 150ML, 1ML AT BEDTIME:** 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, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over the counter medication for insomnia treatment. As per the documentation submitted there is no indication of chronic insomnia or sleep disturbance. There is also no indication that this injured worker cannot safely swallow pills or capsules. The medical necessity has not been established.

**FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION 420ML. 1 TSP THREE TIMES A DAY:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and postherpetic neuralgia. It is also considered first line treatment for neuropathic pain. As per the documentation submitted, the injured worker has utilized this medication since 10/2013. Despite ongoing use, the injured worker continues to report high levels of pain. Satisfactory response to treatment has not been indicated. Additionally, there is no indication that this injured worker is unable to safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary.

**DEPRIZINE (15MG/ML ORAL SUSPENSION) 250ML. 2TSP ONCE A DAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI symptoms Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no indication that this injured worker cannot safely swallow pills or capsules. Based on the clinical information received, the request is not medically necessary.