

Case Number:	CM14-0113114		
Date Assigned:	08/01/2014	Date of Injury:	04/12/2011
Decision Date:	11/19/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 Arizona and 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 injured worker is a 50-year-old female who reported a work related injury on 04/12/2011. The mechanism of injury was not provided for review. Her diagnoses were noted to include cervicalgia, cervical radiculopathy, cervical spine sprain/strain, bilateral shoulder impingement syndrome, bilateral shoulder sprain/strain, bilateral wrist pain, bilateral wrist sprain/strain, bilateral wrist carpal tunnel syndrome, lumbago, lumbar radiculopathy, lumbar spine sprain/strain, left knee internal derangement, and left knee sprain/strain. The injured worker's past treatments were not provided for review. Per the clinical note dated 05/01/2014, the injured worker complained of burning radicular neck pain, muscle spasm, constant, moderate to severe. The injured worker rated her pain as an 8/10 to 9/10 with numbness and tingling in the bilateral upper extremities. The injured worker also complained of burning bilateral shoulder pain, especially at the shoulder base. She rated this pain as an 8/10 to 9/10 and it was noted to be constant and moderate to severe. The injured worker also complained of burning bilateral wrist pain with muscle spasms, which she noted to be constant and moderate to severe. She rated this pain as an 8/10 to 9/10 with radiating pain, numbness, and tingling in the hands/fingers. The hands were noted to fall asleep occasionally. She complained of burning radicular low back pain, radiating to the left leg, which she rated as an 8/10 to 9/10. This pain was noted to be constant and moderate to severe in nature with numbness and tingling of the bilateral lower extremities, greater in the left leg. She had burning left knee pain, which she rated as an 8/10 to 9/10. The injured worker stated that the symptoms persisted but the medications did offer her temporary relief of pain and improved her ability to have restful sleep. She denied any problems with the medications. The pain was also noted to be alleviated by restrictions. A cervical spine examination revealed tenderness at the lateral aspect of the occiputs, trapezius, and levator scapula muscles, with right trigger point. Splenius and scalene tenderness was noted. The

bilateral shoulder examination revealed tenderness at the trapezius and levator scapula muscles with bilateral trigger points, supraspinatus, rhomboid, AC joint, subacromial space. She had decreased range of motion and positive Neer's impingement sign, Kennedy Hawkin's, and Jobe's test. The lumbar spine examination revealed that the injured worker was able to walk heel to toe, had pain with heel walking, and had tenderness to palpation at the paraspinous, lumbosacral junctions, and spinous process. The left knee examination revealed antalgic gait and tenderness at the medial joint line. The injured worker was noted to have a positive patellar compression test, Apley's compression, and anterior/posterior tests. The injured worker was advised to stop taking the medications if she had any problems with them. The use of medications, especially oral medications, would be monitored closely for effectiveness and possible dependency. Periodic UA toxicological evaluation would be performed. A Request for Authorization form was submitted for review on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml; 1 table spoon (5ml) as needed/directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Glucosamine (and Chondroitin Sulfate) Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 16-19.

Decision rationale: The request for Gabapentin is not medically necessary. The California MTUS state gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as an effective treatment for neuropathic pain. The recommended trial for gabapentin is 3 to 8 weeks for titration, then to 1 to 2 weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. Fanatrex is a combination of gabapentin and glucosamine. Per the documentation for review, there is no evidence as to why the combination of the 2 medications is needed in an oral suspension. The use of oral suspension medications is only supported in the instance when the drug is unavailable in a tab or capsule form, or when the patient's condition substantiates an inability to swallow or tolerate a pill. Additionally, a current clinical documentation should be provided with function, medication improvement, as well as a detailed pain assessment. Therefore, the request for Fanatrex (Gabapentin) 25mg/ml oral suspension 420 ml is not medically necessary.

Dicopanol 5mg/ml oral suspension 150ml; 1 ml by mouth at bedtime max of 5 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/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: The request for Dicopanol is not medically necessary. The Official Disability Guidelines state insomnia treatment may be recommended based on the etiology, with medication recommendations. Pharmacological and should only be used after careful evaluation of potential causes of sleep disturbances. Failure of sleep disturbances to resolve in 5 to 10 day period may indicate a psychiatric and/or medical illness. The documentation provided for review fails to indicate short term use of Dicopanol. Therefore, the request is not supported. In addition, the use of an oral suspension medication is not supported by evidence within the documentation provided for review. Therefore, the request for Dicopanol is not medically necessary.