MAXIMUS Federal Services

Case Number:	CM14-0142476		
Date Assigned:	09/10/2014	Date of Injury:	09/30/2012
Decision Date:	11/07/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 62-year-old with a reported date of injury of 09/30/2012. The injured worker has the diagnoses of rotator cuff tendon injury, superior glenoid labrum lesion of the right shoulder, anterior and posterior labral tears of the right shoulder, right bicipital tendonitis and post-traumatic osteoarthritis of the AC and GH joint of the right shoulder. Per the most recent progress reports provided for review from the primary treating physician dated 07/03/2014, the injured worker had complaints of burning right shoulder pain radiating down the arm to the fingers that is rated a 7-8/10. The physical exam noted right shoulder tenderness to palpation at the supraspinatus tendon attachment and in the supraspinatus and infraspinatus muscles. There was a positive Neer's, Kennedy Hawkins' and Jobe's test with decreased range of motion in the shoulder. Treatment plan recommendations included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs, GI symptoms & c.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID use and proton pump inhibitors (PPI) states: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no supplied documentation that places this injured worker at intermediate or severe gastrointestinal risk with NSAID therapy. There is also no mention of separate gastrointestinal disease that would require the use of a H2 blocker independent of NSAID use. For these reasons the criteria as set forth above have not been met for the use of the medication. Therefore the request for Deprizine is not medically necessary.

Fanatrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 18-19.

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

Decision rationale: The California chronic pain medical treatment guideline section on anti-epilepsy drugs/Gabapentin states: 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. This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The injured worker does report radiating pain from his right shoulders in the subjective complaints of the most recent progress reports. However there is no collaboration on the physical exam and the injured worker has not been diagnosed with a form of neuropathic pain. In the absence of such a diagnoses or physical findings, the request for Fanatrex is not medically necessary.

Dicopanol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress, insomnia treatment

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: Physician desk reference

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. The ODG states that "sedating antihistamines have been suggested for sleep aides."The physician desk reference states the medication indications include pruritus, allergy symptoms and urticaria. The documentation provided does not indicate the injured worker has insomnia, urticaria or allergy symptoms. There is also no indication why the injured worker would need this specific brand rather than over the counter generic diphenhydramine. There I also no indication why the injured worker would require an oral suspension. For these reasons the request for Dicopanol is not medically necessary.