

Case Number:	CM14-0145896		
Date Assigned:	09/12/2014	Date of Injury:	10/13/2011
Decision Date:	11/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 61 year old with an injury date on 10/13/11. Patient complains of cervical pain with numbness/tingling of left upper extremity, left shoulder pain radiating down arm/fingers, mid/low back pain radiating to bilateral lower extremities with numbness/tingling, and right ankle pain residual s/p ORIF surgery per 6/2/14 report. Pain is rated from 5-8/10 on VAS scale per 6/2/14 report. Based on the 6/2/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical spine HNP2. cervical spine degenerative disc disease3. cervical spine radiculopathy4. left shoulder AC joint arthrosis5. thoracic s/s6. lower back pain7. thoracic spine pain8. lumbar spine HNP9. lumbar spine degenerative disc disease10. lumbar spine radiculopathy11. s/p right ankle ORIF12. right ankle internal derangement13. abdominal pain and discomfort14. hypertension15. anxiety disorder16. mood disorder17. sleep disorder18. stressExam on 6/2/14 showed "C-spine range of motion decreased especially extension at 20/60 degrees. Left shoulder range of motion decreased by 50% in flexion/extension. L-spine range of motion decreased especially flexion at 20/60 degrees. Right ankle range of motion decreased slightly especially plantar flexion at 20/30 degrees." [REDACTED] is requesting Fanatrex (Gabapentin) 25 mg/ml oral suspension 420 ml take 1tsp (5ml) TID, Terocin patches for pain relief, and Dicopanol 5mg/ml oral suspension 150ml. The utilization review determination being challenged is dated 8/7/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/2/14 to 6/16/14.

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 Take 1 tsp. (5ml) tid: Upheld

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

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

Decision rationale: This patient presents with neck pain, left shoulder pain, back pain, and right ankle pain. The treating physician has asked for Fanatrex (Gabapentin) 25 mg/ml oral suspension 420 ml take 1tsp (5ml) TID on 6/2/14. Patient has been taking Fanatrex since 2/2/14 report. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. Regarding medications for chronic pain, MTUS pg. 60 states treating physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the patient has been taking Gabapentin for 4 months without documentation of its effectiveness. The requested Fanatrex (Gabapentin) 25 mg/ml oral suspension 420 ml take 1tsp (5ml) TID is not indicated at this time. The request is not medically necessary.

Terocin Patches for pain relief: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine, Topical analgesic; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: This patient presents with neck pain, left shoulder pain, back pain, and right ankle pain. The treating physician has asked for Terocin patches for pain relief on 6/2/14. Terocin patches are a dermal patch with 4% Lidocaine, and 4% Menthol. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. From the limited documentation provided, it appears this patient does not present with symptoms of peripheral neuropathy, but with radicular, diffuse pain and peripheral, diffuse neuropathic pain.

Such symptoms are not amenable to topical Lidocaine patches. The request is not medically necessary.

Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml: 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), Mental Illness & Stress

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

Decision rationale: This patient presents with neck pain, left shoulder pain, back pain, and right ankle pain. The treating physician has asked for Dicopanol 5mg/ml oral suspension 150ml on 6/2/14. Patient has been taking Dicopanol since 2/2/14. Dicopanol is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients. ODG guidelines states that tolerance develops within a few days with multiple side effects. In this case, the treating physician does not document that this medication is to be used for short-term only. There is no documentation is that it is working for the patient's insomnia. The request is not medically necessary.