

Case Number:	CM14-0151313		
Date Assigned:	09/19/2014	Date of Injury:	07/02/2012
Decision Date:	10/30/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 Orthopaedic Surgery 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 53-year-old male meat cutter sustained an industrial injury on 7/2/12. The injury occurred while the worker was pulling a cart loaded with about 300 pounds of chicken. The cart fell and he slipped and fell onto his left side. The injured worker was diagnosed with a left hip fracture and lumbar disc injury. Three lumbar epidural injections were performed in 2013 and one on 2/26/14. The injured worker underwent left hip arthroscopic surgery in January 2014. Records indicated that Deprizine, Dicopanorl, Fanatrex, and Synapryn have been prescribed by the orthopedic surgeon since at least 12/6/13. These medications reportedly offered temporary relief of pain and improved his ability to have restful sleep. The 7/21/14 urine drug screen was positive for marijuana, amphetamines, and methamphetamines. The 8/6/14 lumbar spine magnetic resonance imaging scan impression documented a 2 mm right-sided anterolisthesis of L5 with respect to S1 and moderately severe facet hypertrophy that mildly narrowed the right lateral recess without obvious nerve root impingement. There were slight disc bulges at L3/4 and L4/5 without canal or foraminal stenosis. Scoliosis was noted. The 8/18/14 treating physician report cited continued back and left hip pain radiating down his left leg. Physical exam documented left antalgic gait with difficulty toe and heel walking on the left. Hip range of motion causes left sided pain. Patellar and Achilles reflexes were absent. Extensor hallucis longus, anterior tibialis and gastroc strength was 4/5 on the left. Lumbar spine x-rays were taken and documented degenerative scoliosis, possible sacralization of L5 on the left, and lumbar facet arthropathy. The lateral view demonstrated anterolisthesis at L4/5. The treatment plan recommended evaluation and treatment with a hip specialist, bilateral lower extremity electrodiagnostic studies, and possible psychological consult. The treating physician stated that he would not prescribe pain medications given the 7/21/14 urine drug screen findings. Pain medications would need to be handled by another physician. The 8/21/14 request for oral suspension medications was

submitted by the orthopedic surgeon. The 8/27/14 utilization review denied the 8/21/14 request for Deprizine, Dicopanol, Fanatrex, and Synapryn based on guidelines recommendations and submitted clinical information.

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 69.

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

Decision rationale: Deprizine oral suspension contains ranitidine and other proprietary ingredients. The Chronic Pain Medical Treatment Guidelines recommend the use of H2 blockers, such as ranitidine, for workers using non-steroidal anti-inflammatory drugs with gastrointestinal risk factors. Gastrointestinal risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs (e.g., non-steroidal anti-inflammatory drugs + low-dose aspirin). Guideline criteria have not been met for gastrointestinal risk factors. There is no clear indication for the suspension use of this medication. There was no indication that the claimant could not take ranitidine orally in a capsule. This medication has been used since at least 12/6/13. There is no specific quantity or dosage specified to allow for medical necessity to be established. Therefore, this request 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 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 (Chronic), Insomnia treatment

Decision rationale: Dicopanol oral suspension contains diphenhydramine and other proprietary ingredients. The California Medical Treatment Utilization Schedule guidelines do not make recommendations relative to diphenhydramine. The Official Disability Guidelines state that sedating antihistamines, such as diphenhydramine, have been suggested for sleep aids but tolerance seems to develop within a few days. Insomnia treatment is recommended based on etiology and guidelines state that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no clear indication for the suspension use of this medication. There is no current documentation of sleep disturbance. This medication has been used since at least 12/6/13. The use of this medication beyond a few days is

not supported by guidelines. There is no specific quantity or dosage specified to allow for medical necessity to be established. Therefore, this request is not medically necessary.

Fanatrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-19; 49.

Decision rationale: Fanatrex oral suspension contains gabapentin and other proprietary ingredients. The Chronic Pain Medical Treatment Guidelines state that gabapentin (Fanatrex) 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 chronic neuropathic pain. Guidelines support a 3 to 8 week trial and define a "good" response as a 50% reduction in pain and a "moderate" response as a 30% reduction. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of this type of medication depends on improved outcomes. Guideline criteria have not been met. This medication has been used since at least 12/6/13. There is no documentation to support the medical necessity of continued use of this medication consistent with guideline requirements of a 30-50% reduction in pain and improvement in function. There is no clear indication for the suspension use of this medication. There is no specific quantity or dosage specified to allow for medical necessity to be established. Therefore, this request is not medically necessary.

Synapryn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Opioids, Tramadol (Ultram) Page(s): 50; 75; 123.

Decision rationale: Synapryn oral suspension contains tramadol 10mg/ml with glucosamine. The Chronic Pain Medical Treatment Guidelines states that tramadol appears to be efficacious but limited for short term relief (less than 16 weeks) of chronic back pain. Tramadol is not recommended as a first line therapy for neuropathic pain. Weak opioids, such as tramadol, may be considered at initiation of therapy for osteoarthritis. If used on a long-term basis, the criteria for use of opioids should be followed. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met. Records indicate that this medication has been prescribed since 12/6/13 with no documentation of specific pain reduction or functional improvement. There is no clear indication for the suspension use of this medication. There is no specific quantity or dosage specified to allow for medical necessity to be established. Therefore, this request is not medically necessary.

