

Case Number:	CM14-0159303		
Date Assigned:	10/02/2014	Date of Injury:	09/25/2013
Decision Date:	10/30/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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 injured worker is a 44 year old male who sustained an injury on September 25, 2013. He is diagnosed with (a) headaches; (b) cervical spine pain; (c) sprain of ligaments of cervical spine; (d) rule out cervical disc displacement; (e) radiculopathy, cervical region; (f) sprain of ligaments of lumbar spine; (g) low back pain; (h) rule out intervertebral disc displacement, lumbar region; (i) radiculopathy, lumbar region; (j) disorder of ligament, right ankle; and (k) rule out joint derangement, right ankle. He was seen for a follow-up evaluation on July 31, 2014. He presented with complaints of constant headaches and burning, radicular neck pain and muscle spasms. The pain was rated 6-7/10 and was described as constant, and moderate to severe. He also complained of low back pain radiating down the right leg. The pain was rated 8/10. He complained of burning right ankle pain and muscle spasms as well, which was rated 6-7/10. He reported that symptoms persist but medications do offer him temporary relief of pain and improve his ability to have a restful sleep. He denied any problems with medications. An examination of the cervical spine revealed tenderness over the suboccipital region as well as over the scalene and trapezius muscles. Range of motion was limited. Sensation to pinprick and light touch was slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength was decreased secondary to pain in the bilateral upper extremities. An examination of the lumbar spine revealed tenderness over the lumbar paraspinal muscles and over the lumbosacral junction. Range of motion was restricted. Straight leg raising test was positive at 40 degrees bilaterally. An examination of the right ankle revealed tenderness over the medial and lateral malleolus. Range of motion was decreased. There was slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally. Motor strength was decreased in the right lower extremity secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Fanatrex (Gabapentin) 25mg/ml 420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The request for Fanatrex 25 mg/ml 420 ml is not considered medically necessary at this time. It was determined that Fanatrex is an oral suspension of Gabapentin. In as much as the injured worker's subjective and clinical findings were considered, there was no documentation as to why there is a need for Gabapentin in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form.

1 prescription of Dicoponal 5mg/ml 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Dicoponal 5 mg/ml 150 ml is not considered medically necessary at this time. It was determined that Dicoponal is an oral suspension of Diphenhydramine. There was no documentation as to why there is a need for Diphenhydramine and why it should be taken in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form.

1 prescription of Deprizine 15mg/ml 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Disability Advisor, Gastroesophageal Reflux, page(s) 1001

Decision rationale: The request for Deprizine 5 mg/ml 150 ml is not considered medically necessary at this time. It was determined that Deprizine is an oral suspension of Ranitidine. There was no documentation as to why there is a need for Ranitidine and why it should be taken

in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form.

1 prescription of Tabradol 1mg/ml, 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Tabradol 1 mg/ml 250 ml is not considered medically necessary at this time. It was determined that Tabradol is an oral suspension of Cyclobenzaprine. In as much as the injured worker's subjective and clinical findings were considered, there was no documentation as to why there is a need for Cyclobenzaprine in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form.

1 prescription of Synapryn 10mg/1ml, 500ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91-93.

Decision rationale: The request for Synapryn 10 mg/1 ml 500 ml is not considered medically necessary at this time. It was determined that Synapryn is an oral suspension of Tramadol Hydrochloride. In as much as the injured worker's subjective and clinical findings were considered, there was no documentation as to why there is a need for Tramadol Hydrochloride in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form.

1 prescription of Cyclobenzaprine 5% cream 100grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Cyclobenzaprine (Flexeril), Page(s): 41, 111.

Decision rationale: The request for Cyclobenzaprine 5% cream 100 grams is not medically necessary at this time. Guidelines do not support the use of Cyclobenzaprine cream as there is no

evidence for use of muscle relaxant as a topical product. Hence, the request for Cyclobenzaprine 5% cream 100 grams is not medically necessary at this time.

1 prescription of Ketoprofen 20% cream, 165gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Ketoprofen 20% cream, 165 grams is not medically necessary at this time. According to guidelines, topical use of Ketoprofen is not recommended. It is currently not Food and Drug Administration (FDA) approved for topical application due to high incidence of photo-contact dermatitis. Hence, the request for Ketoprofen 20% cream 165 grams is not medically necessary at this time.

Unknown prescription of Terocin patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Terocin patches is not considered medically necessary at this time. Terocin patch is a topical analgesic that consists of 4% Lidocaine and 4% Menthol. Medical records indicate that this was prescribed for pain relief. According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. More so, the same reference also mentioned that topical Lidocaine is recommended after a trial of first-line therapy. There was no documentation from the medical records that the injured worker failed first-line therapy or failed a trial of antidepressants and anticonvulsants. The use of topical menthol was not addressed by the California Medical Utilization Schedule.

1 MRI of brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head; Magnetic Resonance Imaging (MRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, MRI (Magnetic Resonance Imaging).

Decision rationale: The request for magnetic resonance imaging (MRI) scan of the brain is not medically necessary at this time. Based on the reviewed medical records, the medical necessity of a magnetic resonance imaging (MRI) scan of the brain was not established. Indications for imaging outlined by the guidelines were not met as well. Hence, the request for magnetic resonance imaging (MRI) scan of the brain is considered not medically necessary at this time.