

Case Number:	CM14-0169170		
Date Assigned:	10/17/2014	Date of Injury:	12/08/2013
Decision Date:	12/02/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 is a 63 years old female patient who sustained an injury on 12/8/13. She sustained the injury due to involvement in work related accident. The current diagnoses include low back pain, lumbar spine sprain or strain, radiculitis, lower extremity, lumbar spine degenerative disc disease, lumbar disc displacement herniated nucleus pulposus (HNP), right knee sprain/strain, right knee lateral meniscal tear, right knee internal derangement, right knee Baker's cyst and right foot osteoarthritis. Per the doctor's note dated 7/29/14, she had complaints of low back pain with tingling and numbness in bilateral lower extremities, right knee pain and right foot pain. Physical examination revealed lumbar spine- tenderness, decreased range of motion and negative straight leg raising test; right knee- tenderness to medial and lateral joint line and patellofemoral joint, range of motion: flexion 120 and extension 0 degree; right foot- tenderness to palpation at distal aspect of the right foot and tenderness at the calcaneus; slight decreased sensation in L4, L5 and S1 dermatomes on the right side; 4/5 strength in bilateral lower extremities and 2+ deep tendon reflexes bilaterally. The medications list includes Tabradol, Cyclobenzaprine, Ketoprofen cream, Deprizine, Dicoprofol, Fanatrex and Synapryn. She has had chiropractic visits, acupuncture visits, localized intense neurostimulation therapy and shockwave therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicoprofol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (updated 9/23/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (updated 10/30/14) Insomnia treatment Other Medical Treatment Guideline or Medical Evidence: Thompson Micromedex FDA labeled indication-diphenhydramine

Decision rationale: The active ingredient of dicopanor is diphenhydramine hydrochloride in suspension form. Per the cited guidelines (ODG), "Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." A detailed evaluation of insomnia in this patient was not specified in the records provided. The presence or absence of side effects of the use of dicopanor (diphenhydramine) in this patient was not specified in the records provided. According to the Thompson Micromedex FDA labeled indication for the diphenhydramine includes "Chemotherapy-induced nausea and vomiting, extra pyramidal disease - Medication-induced movement disorder, Hyperemesis gravidarum." Any indication listed above that would require the use of diphenhydramine is not specified in the records provided. In addition, rationale for prescribing the medication in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of dicopanor is not fully established for this patient at this time.

Fanatrex: Upheld

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

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

Decision rationale: Fanatrex contains gabapentin in oral suspension form. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) 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." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study" The rationale for prescribing the medication in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of fanatrex is not fully established for this patient at this time.

Synapryn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain; Glucosamine (and Chondroitin Sulfate).

Decision rationale: Synapryn contains tramadol and glucosamine in oral suspension form. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Rationale for prescribing drugs in suspension form is not specified in the records provided. Inability to take the tablet form is not specified in the records provided. The rationale for the use of the tramadol on a daily basis without documented consistent improvement in function is not specified in the records provided. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues." Any evidence of knee joint pain or arthritis is not specified in the records provided. Any X-ray report demonstrating osteoarthritis is not specified in the records provided. The rationale for combining the tramadol with glucosamine is not specified in the records provided. The medical necessity of synapryn is not established for this patient.

Deprizine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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: Thomson Micromedex Ranitidine Hydrochloride-FDA-Labeled Indications

Decision rationale: Deprizine contains ranitidine hydrochloride in oral suspension form. According to the Thomson Micromedex, FDA labeled indications for ranitidine are "Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome." Any of the above listed indications in this patient is not specified in the records provided. Rationale for prescribing drugs in suspension form is not specified in the records provided. Inability to take the

tablet form of the medication is not specified in the records provided. The medical necessity of Deprizine is not established for this patient.