

Case Number:	CM14-0169553		
Date Assigned:	10/17/2014	Date of Injury:	08/23/2014
Decision Date:	11/19/2014	UR Denial Date:	10/09/2014
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 51-year-old fitness instructor reported injuries to her right leg, ankle and foot after an exercise ball on which she was sitting burst, and she fell to the floor on 8/23/14. Her initial treating physician noted mild swelling of her right ankle and foot. X-rays were negative. She was treated with ibuprofen, a walking boot and crutches. Modified duty was recommended. By 9/10/14 the swelling had resolved, but the injured worker was still using a walker for ambulation. Physical therapy was ordered. By 9/12/14 she had changed primary treating physician. On that date her new primary treating physician, an orthopedist, noted that the injured worker stated she had landed on her head when the fitness ball burst, and that she sustained injuries to her head, neck, wrists, low back, right ankle, foot and toes. Her current complaints included headache, "burning radicular neck pain", burning bilateral wrist pain, "burning radicular low back pain", and burning right ankle, foot and toe pain. Exam findings included diffuse tenderness; decreased range of motion of the neck, wrists, low back and right ankle; globally decreased sensation in both upper extremities and in the right L4 to S1 dermatomes; and mildly decreased strength in all upper extremity motor groups and in all lower extremity muscle groups. Diagnoses included headaches, cervical sprain/rule out disc herniation/rule out radiculopathy, bilateral wrist sprain/rule out internal derangement, low back pain, lumbar sprain/rule out disc herniation/rule out lumbar radiculopathy, R ankle sprain/rule out internal derangement, and right foot and toe pain. Treatment plan included Deprizine, Dicopanal, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen cream. Requests were made for X-rays of the cervical and lumbar spine, both wrists, and the right ankle and foot, as well as for a TENS unit, physical therapy and acupuncture, shockwave therapy, MRI of the cervical and lumbar spine, EMG/NCV of bilateral upper and lower extremities, Localized Intense Neurostimulation Therapy, and Terocin patches. Work status was temporarily totally disabled. A urine drug screen performed

the same day was positive for morphine and for marijuana metabolites. The rationale given for Deprizine is that ranitidine plays an important role in the prophylactic treatment for NSAID-induced GI ulcer/bleeds. The rationale for Dicopanol stated that diphenhydramine's sedative properties make it a great alternative to other prescription hypnotics which carry the risk of addiction, withdrawal symptoms or rebound insomnia. The rationale given for Fanatrex is that gabapentin is a first-line treatment for neuropathic pain. The rationale for Synapryn states that tramadol does not have tolerance, dependency or withdrawal issues like opioids.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms And Cardiovascular Risk Page(s): 60, 68-69.

Decision rationale: The first citation above states that medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. The second citation above states that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. They should determine if the patient is at risk for GI events. Risk factors include age over 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, or an anticoagulant; or high-dose or multiple NSAIDs, or an NSAID combined with aspirin. Patients with no GI risk factors and no cardiovascular disease may be prescribed a non-selective NSAID. The requesting provider has not performed an appropriate evaluation of the injured worker's risk for GI events. Based on the MTUS citations above and on the clinical information provided, Deprizine is not medically necessary.

Dicopanol: 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 Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment

Decision rationale: Dicopanol is an oral suspension containing diphenhydramine and other inactive ingredients. The MTUS citation above states that medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. The ODG guideline cited above recommends that treatment for insomnia be based on etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep

disturbance to resolve within 7 to 10 days may indicate a psychiatric and/or medical illness. The clinical records in this case do not support the use of diphenhydramine. Based on the evidence-based citations above and on the clinical records provided, Dicopanol is not medically necessary.

Fanatrex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 60, 16-18.

Decision rationale: Fanatrex is an oral suspension containing gabapentin. Gabapentin is an anti-epilepsy drug, or AED. The treating physician has stated that it is for neuropathic pain. Per the first reference cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. The next reference states that AEDs are recommended for neuropathic pain. However, most of the randomized controlled trials for these drugs have been directed at post-herpetic neuralgia and painful polyneuropathy such as diabetic polyneuropathy. There are no trials directed at painful radiculopathy. The choice of specific agents depends on the balance between effectiveness and adverse reactions. A good response to an AED has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction in pain. A reduction in pain below 30% may trigger a switch to a different agent or combination therapy if a single drug fails. Based on the MTUS citations above and the clinical information provided, Fanatrex is not medically necessary.

Synapryn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Steps to Take Before a Therapeutic Trial of Opioids Page(s): 60, 76.

Decision based on Non-MTUS Citation UptoDate, an online, evidence-based review service for clinicians (www.uptodate.com), Tramadol: drug information

Decision rationale: Synapryn is an oral suspension of tramadol with glucosamine. Per the MTUS recommendations cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. The UptoDate reference states that tramadol is an opioid that has been placed into the Schedule IV of the Controlled Substances Act effective 8/18/2014 because of its abuse potential. The MTUS provides support for treating moderate arthritis pain; particularly knee OA, with glucosamine sulphate. Other forms of glucosamine are not supported by good medical evidence. The treating physician in this case has not provided evidence of the form of glucosamine in Synapryn, and that it is the form recommended in the MTUS and supported by the best medical evidence. And should there be

any indication for glucosamine in this case, it must be given as a single agent apart from other analgesics, particularly analgesics like tramadol which are habituating. Based on the evidence-based citations above and the clinical information provided, Synapryn is not medically necessary.