

Case Number:	CM14-0185333		
Date Assigned:	11/13/2014	Date of Injury:	07/02/2013
Decision Date:	12/31/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 64-year-old male with a 7/2/13 date of injury. The mechanism of injury occurred while he was pulling a patient up from the restroom and injured his right knee. According to a progress report dated 9/11/14, the patient was status post right knee meniscus repair surgery with residual pain. He rated his pain as a 1-2/10 and described it as intermittent to frequent, mild to moderate. He stated that his symptoms persisted but medication offered him temporary relief of pain. Objective findings: limited right knee range of motion, slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes in the right lower extremity. Diagnostic impression: status post right knee meniscus repair with residual pain. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 10/8/14 denied the requests for Dicopanol (diphenhydramine), Fanatrex (gabapentin), and Deprizine oral suspensions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (Diphenhydramine) 5mg/ml oral suspension 15ml, 1ml QHS may increase to max of 5ml for insomnia: 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Benadryl)

Decision rationale: CA MTUS and ODG do not address this issue. According to the progress report dated 9/11/14, Dicopanol is an oral suspension that contains diphenhydramine and other proprietary ingredients. The FDA states that Benadryl is indicated for the temporary relief of occasional headaches and minor aches and pains with accompanying sleeplessness. However, in the present case, there is no documentation that the provider has addressed non-pharmacologic methods for sleep disturbances, such as proper sleep hygiene. In addition, there is no documentation as to why this patient requires a specialized oral suspension formulation of medication instead of the traditional tablet formulation. Therefore, the request for Dicopanol (Diphenhydramine) 5mg/ml oral suspension 15ml, 1ml QHS may increase to max of 5ml for insomnia was not medically necessary.

Fanatrex (Gabapentin) 25mg oral suspension 420ml, 1 tsp TID for neuropathic pain:
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 Anti-Epileptic Drugs, Gabapentin Page(s): 16-18; 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. According to the progress note dated 9/11/14, Fanatrex is an oral suspension containing gabapentin and other proprietary ingredients. However, in the present case, there is no documentation that the patient has completed neuropathic pain. In addition, there is no documentation as to why this patient requires a specialized oral suspension formulation of medication instead of the traditional tablet formulation. Therefore, the request for Fanatrex (Gabapentin) 25mg oral suspension 420ml, 1 tsp TID for neuropathic pain was not medically necessary.

Deprizine 15mg/ml oral suspension 250ml, 2 tsp QD for GI pain/gastric ulcer: 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 Other Medical Treatment Guideline or Medical Evidence: FDA (Ranitidine)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Ranitidine is indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. According to the progress note dated 9/11/14, the Deprizine is an oral suspension containing ranitidine and other proprietary ingredients. However, in the present case, there is no documentation that this patient has gastrointestinal complaints. In addition, there is no documentation as to why this patient requires a specialized oral suspension formulation of medication instead of the traditional tablet formulation. Therefore, the request for Deprizine 15mg/ml oral suspension 250ml, 2 tsp QD for GI pain/gastric ulcer was not medically necessary.