

Case Number:	CM14-0022609		
Date Assigned:	05/07/2014	Date of Injury:	10/17/2011
Decision Date:	07/09/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/21/2014

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 Practice, 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 65 year old female claimant sustained a work-related injury on 10/17/11, resulting in a pelvic fracture, left shoulder derangement, and lumbago with lumbar radiculopathy. She had persistent anxiety and sleep difficulties as a result of the injury. An exam note on 10/5/13 indicated that the claimant had headaches, left shoulder pain, low back pain, and abdominal pain. She was feeling anxious and depressed and awakened at night. Physical findings include palpatory tenderness to the shoulder, impingement findings, paraspinal spasms, and reduced range of motion. The treating physician prescribed Dicopanol (diphenhydramine) at bedtime, Deprizine (ranitidine), Fanatrex (Gabapentin), Cyclophene, Ketoprofen cream, Tabradol, and Synapryn (Tramadol/glucosamine). An exam note on 12/28/13 indicated similar pain complaints and physical findings as the prior visit. The pain was 7/10 in the shoulder, back and abdomen. The claimant was continued on the above medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOPANOL 150ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Dicopanol is the brand name for diphenhydramine, which is an antihistamine with sedating properties. The MTUS/ACOEM guidelines do not comment on insomnia medications, so alternate guidelines were used. According to the Official Disability Guidelines, tolerance to sedating antihistamines develops within days. Furthermore, the patient's sleep hygiene has not been properly evaluated and approached. Alternative medications and sleep evaluation or psychotherapy for secondary insomnia has not been mentioned. Dicopanol has been used for several months without much effect. As such, it is not medically necessary.

DEPRIZINE 250ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Deprizine is an H2 blocker used to treat gastritis and reflux symptoms. According to the MTUS guidelines, proton pump inhibitors are to be used in cases where there is high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Deprizine is not medically necessary.

FANATREX 420ML: Upheld

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

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

Decision rationale: Fanatrex is an anti-epilepsy drug which 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. In this case, the claimant does not have the diagnoses to support the use of Fanatrex. The claimant's symptoms have not improved and indications for use are not specified. Continued use is not medically necessary.