

Case Number:	CM14-0023546		
Date Assigned:	06/11/2014	Date of Injury:	07/17/2012
Decision Date:	11/26/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/25/2014

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 New Jersey. 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 worker is a 49 year old female who was injured on 7/17/2012. She was diagnosed with right shoulder internal derangement/rotator cuff tear, blurred vision, headaches, mood disorder, sleep disorder, stress, and cough. She was treated with combination and compounded medications including Dicopanol, Fanatrex, Synapryn, Deprizine, and Tabradol. She was also treated with right shoulder surgery (12/13/13). On 1/10/14 (most recent progress note prior to request), the worker was seen by her primary treating physician complaining of right shoulder pain radiating down arms to her fingers rated 3-4/10 on the pain scale. She also complained of blurry vision, headaches, cough, anxiety, depression, and difficulty sleeping due to the "uncertainty about the future of her career". She reported her medications allow her to experience less pain and help her sleep without any problems associated with the medications. Physical findings included tenderness, decreased range of motion, and positive empty can test of the right shoulder. She was then recommended to get an MRI for the right shoulder, Terocine patches for pain relief, and to continue her current medications, including Fanatrex, and Dicopanol.

IMR ISSUES, DECISIONS AND RATIONALES

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

**FANATREX (GABPENTIN) 25MG/ML ORAL SUSPENSION 420ML TAKE 1 TSP TID
CHRONIC PAIN:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: Fanatrex contains gabapentin and other proprietary ingredients. The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, she had been using Fanatrex leading up to this request. Among the documents provided for review, there was no clear evidence of neuropathic pain based on testing and physical examination findings. Also, there was no documented evidence of quantitative functional and pain-reducing benefit specifically related to the use of this combination product (Fanatrex). Also, there is no evidence to suggest Fanatrex would be better than gabapentin alone. Therefore, without this evidence of benefit and appropriateness, the Fanatrex is not medically necessary to continue.

DICOPANOL (DIPHENHYDRAMINE) 5MG/ML ORAL SUSPENSION 150ML TAKE 1ML PO AT BEDTIME: 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: Dicopanol contains diphenhydramine and other proprietary ingredients. The MTUS Guidelines are silent regarding diphenhydramine for insomnia. The ODG, however, states that for the treatment of insomnia, over-the-counter sedating antihistamine use seems to lead to the development of tolerance within a few days as well as involves the risk of next-day sedation with impaired psychomotor and cognitive function. Anti-histamines are not first line therapy for the treatment of insomnia and are not recommended for the elderly. In the case of this worker, she had been using Docopanol regularly leading up to this request for a renewal. There was no evidence found in the documentation provided for review showing specific measurable benefit on the worker's sleep quantity and quality with and without this medication alone to show evidence of benefit. Also, there is no evidence to suggest this preparation which includes diphenhydramine is superior to diphenhydramine alone for the treatment of insomnia. Therefore, without documented evidence of benefit, the Dicopanol is not medically necessary to continue.

