

Case Number:	CM14-0026249		
Date Assigned:	06/13/2014	Date of Injury:	09/26/2013
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 47-year-old male who reported an injury on 09/26/2013. The mechanism of injury was due to a fall. The clinical note dated 05/30/2014 noted the injured worker presented with low back, knee, and bilateral foot pain. Upon examination of the lumbar spine, there was tenderness at the spinous process from L3 to L5 and guarding was noted at the bilateral paraspinal muscles. There was a positive sitting root test. Examination of the bilateral knees noted tenderness to palpation over the medial and lateral joint bilaterally and +1 tenderness at the patellofemoral joint to the right knee. The neurological examination noted the L2, L3, L4, L5, and S1 myotomes were decreased bilaterally. The diagnoses included lumbar spine multilevel herniated nucleus pulposus, bilateral knee prepatellar bursitis, bilateral knee ACL tear, bilateral knee meniscal derangement, left knee gastrocnemius tendon tear, status post fracture of the medial malleolus of the right ankle with residual pain, left ankle tendonitis, and left ankle Achilles tendon tear. Prior treatment included neurostimulation therapy, chiropractic therapy, medications, and injections. The provider recommended Dicopanол 5 mg oral suspension, Fanatrex 25 mg oral suspension, and Deprizine 15 mg oral suspension. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOPANOL 5MG/ML ORAL SUSPENSION 150 ML: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

Decision rationale: The request for Dicopanol 5 mg oral suspension 150 mL is non-certified. Dicopanol is diphenhydramine hydrochloride in an oral suspension. The Official Disability Guidelines state that sedating antihistamines have been suggested for sleep aids. Tolerance seems to develop within a few days and next day sedation has been noted, as well as impaired psychomotor and cognitive function. Sedating antihistamines have been shown to build tolerance against sedation effectiveness very quickly. The medical documents did not indicate that the injured worker had difficulties taking traditional tablet medications requiring an oral suspension. The injured worker has been prescribed Dicopanol since at least 11/15/2013. The efficacy of the medication is not provided. The provider's rationale for the request was not provided. The provider's request does not indicate the frequency of the medication. The guidelines do not support the long term use of sedating antihistamines. Therefore, the request for Dicopanol 5mg/mL oral suspension 150mL is not medically necessary.

FANATREX 25 MG/ML ORAL SUSPENSION 420 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 18-19.

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

Decision rationale: The request for Fanatrex 25mg oral suspension with 420 mL is non-certified. The California MTUS Guidelines state gabapentin has been shown to be effective for diabetic painful neuropathy and post-herpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker has been prescribed Fanatrex since at least 11/15/2013. The efficacy of the medication is not documented. The provider's rationale was not provided. The medical documents did not indicate that the injured worker had significant difficulties taking traditional tablet medications which would indicate the injured workers need for oral suspension medications. The provider's request does not indicate the frequency of the medication. Therefore, the request for Fanatrex 25mg/mL oral suspension 420mL is not medically necessary.

DEPRIZINE 15 MG/ML ORAL SUSPENSION 250 ML: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Deprizine 15mg oral suspension 250 mL is non-certified. The California MTUS guidelines recommend H2-receptor antagonists for treatment of dyspepsia secondary to NSAID therapy: stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The medical documents did not indicate that the injured worker had significant difficulties taking traditional tablet medications which would indicate the injured workers need for compounded oral suspension medications. The injured worker has been prescribed Deprizine since at least 11/15/2013. The efficacy of the medication is not provided. The provider's request does not indicate the frequency of the medication. Therefore, the request for Deprizine 15mg/mL oral suspension 250mL is not medically necessary.