

Case Number:	CM14-0027556		
Date Assigned:	06/13/2014	Date of Injury:	09/25/2013
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 49-year-old employee with date of injury of September 25, 2013. Medical records indicate the patient is undergoing treatment for impingement syndrome of unspecified shoulder; post-traumatic osteoarthritis, bilateral shoulder; rotator cuff of left shoulder and bursitis of left shoulder. Subjective complaints include burning bilateral shoulder pain that radiates to arms and fingers; muscle spasms that are greater in the left; anxiousness, depression and difficulty sleeping. Objective findings on bilateral shoulder exam include tenderness, to palpation to the trapezius, levator scapula, rhomboids, biceps tendon and acromioclavicular (AC) joint tenderness, bilaterally, greater on the right. Range of Motion (ROM) of the bilateral shoulders documented flexion of 120 degrees, extension at 30 degrees, abduction at 120 degrees, adduction at 30 degrees on the left side and 60 degrees on the right side. Internal rotation was at 60 degrees on the left side and 30 degrees on the right and external rotation at 45 degrees. Neer's impingement sign, Kennedy Hawkins and Speed's test were all positive bilaterally. Motor strength was 4/5 in all muscle groups in the bilateral upper extremities. Treatment for her impingement of unspecified shoulder; post-traumatic osteoarthritis; bilateral shoulder; rotator cuff of left shoulder and bursitis of left shoulder has consisted of electrical shock wave therapy (ESWT) of the bilateral shoulders and medications. The utilization review determination was rendered on February 20, 2014 recommending non-certification of: Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150 ml take 1ml by mouth (PO) at bedtime (HS) #1; Fanatrex (Gabapentin) 25mg/ml oral suspension 420 ml take 1 teaspoon (TSP) three times a day (TID) #1; Synapryn (Tramadol Glucosamine suspension) 10mg /1 ml oral suspension take 1 teaspoon (TSP) three times a day (TID) #1 and Deprizine 15mg/ ml oral suspension 250 ml take 2 TSP OD #1.

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 150 ML TAKE 1ML PO HS #1: 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) Chronic Pain, Insomnia.

Decision rationale: MTUS is silent on the use of diphenhydramine. ODG discusses the use of diphenhydramine as an over the counter sleep aid in the chronic pain segment. For insomnia, ODG recommends, "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. ODG recommends that, "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." There is documentation of psychiatric diagnoses to include unspecified mood disorder, adjustment disorder, and mild clinical depression. The patient's insomnia has gone on for years and based on ODG guidelines a trial of anti-depressants to treat the underlying psychiatric illness should have occurred. As such, the request for Dicopanor (Diphenhydramine) 5mg/ml oral suspension 150 ml take 1ml by mouth at bedtime #1 is not medically necessary.

FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION 420 ML TAKE 1 TSP TID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Insomnia.

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin

is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." The treating physician does document neuropathic pain along the median and ulnar nerve distribution of the right upper extremity but the treating physician did not document improved functionality and decreased pain after starting Gabapentin. Based on the clinical documentation provided, there is no evidence that after starting a trial of Gabapentin that the patient was asked at each subsequent visit if the patient had decreased pain and improved functionality. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.

SYNAPRYN 10MG /1 ML ORAL SUSPENSION TAKE 1 TSP TID #1: 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 Opioids Page(s): 93-94.

Decision rationale: Synapryn is the liquid version of tramadol that also contains glucosamine and tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treating physician did not provide sufficient documentation that the patient has failed her trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Synapryn prior to the initiation of this medication. While MTUS does state that Synapryn (Tramadol) may be used for neuropathic pain, it is "not recommended as a first-line therapy". The treating physician has not provided documentation of a trial and failure of first line therapy. As such, the request for Synapryn (Tramadol Glucosamine Suspension) 10mg /1 ml oral suspension take 1 teaspoon three times a day, #1is not medically necessary.

DEPRIZINE 15MG/ ML ORAL SUSPENSION 250 ML TAKE 2TSP OD #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Deprizine contains ranitidine and the proprietary ingredients. Ranitidine is an H2 blocker and like a PPI can be utilized to treat dyspepsia secondary to NSAID therapy. MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA,

corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose aspirin (ASA))." MTUS also states that, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, treatment of dyspepsia secondary to NSAID therapy or other GI risk factors as outlined in MTUS. As such, the request for Deprizine 15mg/ ml oral suspension 250 ml, take 2 teaspoons OD #1 is not medically necessary.