

Case Number:	CM14-0036943		
Date Assigned:	06/25/2014	Date of Injury:	06/14/1997
Decision Date:	08/19/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/26/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 59-year-old female with a reported date of injury on 08/14/1997. The mechanism of injury reportedly occurred when the injured worker was picking up a heavy vacuum cleaner and the base broke, and when she tried to catch it, felt a sharp pain in her low back. Her diagnoses were noted to include lumbar disc displacement with herniated nucleus pulposus. Her previous treatments were noted to include medications. The progress note dated 12/02/2013 revealed the injured worker complained of radicular low back pain and muscle spasms rated 6/10. The pain was described as constant, moderate to severe. The pain was aggravated by prolonged positioning, including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping. Her pain was also aggravated by activities of daily living such as getting dressed and performing personal hygiene. The physical examination of the lumbar spine revealed tenderness to palpation at the lumbar paraspinal muscles and with a full range of motion except for the left/right rotation was noted to be 25 degrees. The neurological examination of the bilateral lower extremities noted a slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally. The motor strength was rated 4/5 and deep tendon reflexes were 2+ and symmetrical in the bilateral lower extremities. The progress note dated 01/13/2014 revealed the injured worker complained of burning, radicular low back pain and muscle spasms rated 5/10 to 6/10. The injured worker indicated the symptoms persisted with the medications but did offer temporary relief of pain and improve her ability to have restful sleep. The lumbar spine evaluation revealed tenderness to palpation, decreased range of motion, negative straight leg raise, decreased sensation bilaterally, and decreased myotomes bilaterally. Her medication regimen included compounded Ketoprofen 20%, PLO gel 120 g apply to affected area 3 times a day for inflammation, compounded Cyclophene 5% and PLO gel 120 g apply a thin layer to affected

area 3 times a day for neuropathic pain and muscle spasms, Synapryn 10 mg/mL 1 teaspoon 3 times a day for pain, Tabradol 1 mg 1 teaspoon 2 to 3 times a day for muscle spasm, Deprezine 15 mg 2 teaspoons once a day for gastrointestinal pain and as a prophylactic agent of gastric ulcer, Dicopanol 5 mg take 1 mL at bedtime for insomnia, and Fanatrex 25 mg 1 teaspoon 3 times a day for chronic neuropathic pain. The request for authorization was not submitted within the medical records. The retrospective request is for Deprezine 15 mg/mL oral suspension 250 mL take 2 tsp (10 mL) one time a day for gastrointestinal pain and as a prophylactic agent against the development of a gastric ulcer and Dicopanol 5mg/mL oral suspension 150 mL take 1 mL by mouth at bedtime for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Deprezine 15 mg/ml oral suspension 250 ml take 2 tsp (10 ml) one daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19453319>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, page 68 Page(s): 68.

Decision rationale: The retrospective request for Deprezine 15 mg/ml oral suspension 250 ml take 2 tsp (10 ml) one daily is not medically necessary. The oral suspension Deprezine contains Ranitidine and other proprietary ingredients. The California Chronic Pain Medical Treatment Guidelines recommend for clinicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. The injured worker is not receiving NSAIDs to necessitate Deprezine. Therefore, the request is not medically necessary.

Retro Dicopanol 5mg/ml oral suspension 150ml take 1ml po at bedtime.: Upheld

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

Decision rationale: The retrospective request for Dicopanol 5mg/ml oral suspension 150ml take 1ml by mouth at bedtime is not medically necessary. The injured worker has been utilizing this medication since 12/2013 and Dicopanol consists of diphenhydramine. The Official Disability Guidelines state treatment of insomnia should be based on the etiology, with the medications and should be used only after careful evaluation of potential causes of sleep disturbance. The

guidelines suggest sedating antihistamines that have been suggested for sleep aids such as diphenhydramine and Promethazine that the tolerance seemed to develop within a few days. Next day sedation has been noted as well as impaired psychomotor and cognitive functioning. The random controlled trial determined that diphenhydramine has been shown to build tolerance against sedation effectiveness very quickly, with placebo like results after a third day of use. Due to adverse effects, it has been concluded diphenhydramine is recommended in the high risk medications to avoid in elderly. There is a lack of documentation regarding insomnia to warrant Dicopanl. Therefore, due to the lack of documentation regarding difficulty sleeping, poor sleep quality, or insomnia, Dicopanl is not appropriate at this time. Therefore, the request is not medically necessary.