

Case Number:	CM14-0047139		
Date Assigned:	07/02/2014	Date of Injury:	06/15/2013
Decision Date:	12/11/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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 is a female claimant sustained a work injury on June 15, 2013 involving the neck, elbow, back, shoulders and wrists. She was diagnosed with cervical strain, shoulder strain, and carpal tunnel syndrome. She had undergone carpal tunnel release. An MRI in January 2014 shows disc protrusion at various levels of the cervical spine. A progress noted March 17, 2014 indicated the claimant had pain in the involved regions. Examination findings were notable for reduced range of motion in the cervical and lumbar spine. Claimant had degenerative findings on prior x-rays of the cervical spine and osteopenia in the lumbar spine. Electrodiagnostic studies from a month prior showed evidence of L5 radiculopathy. Her subsequent request was placed for a month supply of the Deprizine, Dicopanal, Fanatrex and Synapryn.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Supply of Deprizine: Upheld

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

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

Decision rationale: Deprizine is a proton pump inhibitor. According to the MTUS guidelines, Deprizine is a proton pump inhibitor that is to be used with NSAIDs for those with 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 antiplatelet use that would place the claimant at risk. Therefore, the use of Deprizine is not medically necessary.

1 Month Supply of Dicopanol: Upheld

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

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

Decision rationale: Dicopanol is diphenhydramine which is an anti-histamine with sedating properties. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the sleep hygiene has not been properly evaluated and approached. Sedating anti-histamines develop within days. Alternative medications and sleep evaluation or psychotherapy for secondary insomnia has not been mentioned. The use of Dicopanol is not medically necessary.

1 Month Supply of Fanatrex: Upheld

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

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

Decision rationale: Fanatrex (Gabapentin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), 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. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Gabapentin listing for more information and references. In this case, the claimant does not have the diagnoses to support the use of Fanatrex. The use of Fanatrex not medically necessary.

1 Month Supply of Synapryn: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: Synapryn is Tramadol in oral suspension. According to the MTUS guidelines: Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. It is not recommended as a first-line therapy for osteoarthritis. It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, there is no indication for use of Tramadol in oral suspension. In addition, it is intended for short-term use. There is no clinical information supporting its current use and subjective effect on pain. Synapryn is not medically necessary.