

Case Number:	CM14-0052393		
Date Assigned:	07/11/2014	Date of Injury:	01/18/2008
Decision Date:	08/29/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Nevada. 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 48 year-old male who was reportedly injured on 1/18/2008. The mechanism of injury is listed as a fall. The most recent progress note dated 4/22/2014, indicates that there are ongoing complaints of headaches, memory loss, neck pain, back pain and knee pain. Physical examination demonstrated tenderness to the cervical, thoracic and lumbar spine musculature with decreased range of motion; positive compression test; trigger point at the right posterior superior iliac spine and sciatic notch; tenderness to right knee medial joint line and patellofemoral joint; crepitus and decreased knee flexion bilaterally; decrease sensation with pinprick over the C5-T1 and L4-S1 dermatomes bilaterally; motor strength 4/5 in upper/lower extremities bilaterally; reflexes 2+ in upper/lower extremities bilaterally. No recent diagnostic imaging studies available for review. Diagnosis: post-concussion syndrome, cervical sprain/radiculopathy, thoracic pain/sprain, lumbar sprain/radiculopathy, bilateral knee pain with meniscus tear, and mood/anxiety/sleep disorders. Previous treatment includes Lyrica, Nucynta, ibuprofen, Dexilant, Synthroid and Ambien. A request was made for Dicopanol 5g/ml #150mL, Fanatrex 25 g/ml #420 mL, Deprizine 15mg/ml #250ml and was deemed not medically necessary in the utilization review on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg/ml/150ml: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 65 of 127 Page(s): 65 OF 127.

Decision rationale: Dicopanol is oral compounded suspension and derivative of diphenhydramine which belongs to the antihistamine family. This medication has high abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic pain. Given the injured workers' date of injury, clinical presentation and current medications, this request is not considered medically necessary.

Fanatrex 25mg/ml/420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs(AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 113 of 127 Page(s): 113 OF 127.

Decision rationale: Fanatrex is an oral compounded suspension medication, similar to gabapentin, used to treat seizures with an off-label indication for neuropathic pain. California Medical Treatment Utilization Schedule Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no objective evidence of neuropathic or radicular pain on physical examination. Furthermore, the injured worker is currently taking Lyrica, which is in the same class as gabapentin. Given the lack of documentation, this request is not considered medically necessary.

Deprizine 15mg/ml/250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.merckmanuals.com/professional/gastrointestinal_disorders/gastritis_and_peptic_ulcer_disease/drug_treatment_Drug_Treatment_of_Gastric_Acidity_H2_blockers.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20- - 9792.26. MTUS (Effective July 18, 2009) Page 68 of 127 Page(s): 68 OF 127.

Decision rationale: Deprizine is an oral compounded suspension medication like rantidine, useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. Review of the medical records, lists Dexilant as one of medications taken, but fails to document why the medication is being changed. Furthermore, there is no documentation of signs and symptoms consistent with GERD. This medication is not considered medically necessary at this time.