

Case Number:	CM14-0061594		
Date Assigned:	07/09/2014	Date of Injury:	10/04/2001
Decision Date:	09/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

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 Pain Management 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:

The injured worker is a 53-year-old female who sustained an injury on January 11, 2008. She was diagnosed with (a) left knee internal derangement, probable medial meniscus tear; (b) posttraumatic degenerative joint disease of the medial compartment of the right knee; (c) right distal femur enchondroma, stable; (d) status post right knee medial meniscectomy; (e) status post right shoulder rotator cuff repair; (f) left shoulder rotator cuff tendinitis; (g) right lateral acromioclavicular degenerative joint disease; (h) cervical degenerative disc disease status post arthrodesis; (i) C6-C7 degenerative disc disease with radiculitis; (j) left ulnar hand numbness referred from the cervical spine; (k) cervical strain; (l) right ulnar wrist pain; (m) status post L2 through the sacrum fusion; (n) left hip trochanteric bursitis; (o) chronic right ankle strain with peroneal tendinitis; and (p) chronic pain. She was seen on October 3, 2013 for an orthopedic re-evaluation. She reported increasing left shoulder pain, which had been bothering her at night. She also complained of left knee and numbness sensation over the left small finger. She reported that it was weak and she was dropping things. Examination of the left shoulder revealed tenderness over the anterior cuff. Signs were positive for impingement. Supraspinatus isolation and external rotation strength were 5/5. Examination of the left hand revealed mildly diminished sensation in the median nerve distribution. There was no tenderness over the median nerve in the proximal forearm. Grip and intrinsic were weak. Palmar abduction was 5/5. Negative carpal compression test was noted bilaterally. Examination of the left knee revealed medial joint line tenderness. Her range of motion was good. McMurray's test was positive. X-rays of the left shoulder was obtained and revealed type II acromion with no degenerative changes. X-rays of the bilateral knees were obtained as well. Findings revealed joint space narrowing of the medial compartment of the right knee. There was an enchondroma in the right distal femur and cyst formation in the proximal central tibial plateau of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Synapryn 10 mg/1ml 500 ml Date of Service (DOS) 4/5/14: 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 OPIOIDS, SPECIFIC DRUG LIST Page(s): 93-94.

Decision rationale: As per California Chronic Pain Medical Treatment Guidelines, tramadol is indicated for moderate to severe pain. It was determined that Synapryn is an oral suspension of tramadol hydrochloride. In as much as the injured worker's subjective and clinical findings were considered, there was no documentation as to why there is a need for tramadol hydrochloride in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form. The request for Synapryn 10 mg/1 ml 500 ml is not medically necessary.

Retrospective: Tabradol 1 mg/ml 250 ml (DOS 4/5/14): 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 MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

Decision rationale: Per California Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. It was determined that Tabradol is an oral suspension of cyclobenzaprine. In as much as the injured worker's subjective and clinical findings were considered, there was no documentation as to why there is a need for cyclobenzaprine in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form. The request for Tabradol 1 mg/ml 250 ml is not medically necessary.

Retrospective: Deprizine 5 mg/ml 250 ml (DOS 4/5/14): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention of gastroduodenal damage induced by non-steroidal anti-inflammatory drugs: controlled trial of ranitidine. R. S. Ehsanullah, M. C. Page, G. Tildesley, and J. R. Wood. *BMJ*. Oct 22, 1988; 297(6655): 1017-1021.

Decision rationale: A study found ranitidine 150 mg twice daily significantly reduced the incidence of duodenal ulceration but not gastric ulceration when prescribed concomitantly with one of four commonly used non-steroidal anti-inflammatory drugs. It was determined that Deprizine is an oral suspension of ranitidine. There was no documentation as to why there is a need for ranitidine as the injured worker is documented to have musculoskeletal pain. Furthermore, there is no documentation why it should be taken in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form. The request for Deprizine 5 mg/ml 250 ml is not medically necessary.

Retrospective: Dicopanol 5 mg/ml 150 ml (DOS 4/5/14): 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus Trusted Health Information U.S. National Library of Medicine National Institutes of Health (NIH) Diphenhydramine Online Version: Last Revised on 05/16/2011.

Decision rationale: Diphenhydramine is used to relieve allergy symptoms or the common cold. Diphenhydramine is also used to relieve cough caused by minor throat or airway irritation. Diphenhydramine is also used to prevent and treat motion sickness, and to treat insomnia (difficulty falling asleep or staying asleep). Diphenhydramine is also used to control abnormal movements in people who have early stage parkinsonian syndrome (a disorder of the nervous system that causes difficulties with movement, muscle control, and balance) or who are experiencing movement problems as a side effect of a medication. It was determined that Dicopanol is an oral suspension of diphenhydramine. There was no documentation as to why there is a need for diphenhydramine as the injured worker is documented to have musculoskeletal pain. Furthermore, there is no documentation why it should be taken in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form. The request for Dicopanol 5 mg/ml 150 ml is not medically necessary.

Retrospective: Fanatrex 25 mg/ml 420 ml (DOS 4/5/14): 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 ANTIEPILEPSY DRUGS (AEDs) Page(s): 18-19.

Decision rationale: Per California Chronic Pain Medical Treatment Guidelines, gabapentin 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. It was

determined that Fanatrex is an oral suspension of gabapentin. In as much as the injured worker's subjective and clinical findings were considered, there was no documentation as to why there is a need for gabapentin in a form of oral suspension and not in tablet form. There was no pertinent information to indicate any medical condition or any anatomical or physiologic deterrent to prescribe an oral suspension instead of tablet form. The request for Fanatrex 25 mg/ml 420 ml is not medically necessary.