

Case Number:	CM14-0066626		
Date Assigned:	07/11/2014	Date of Injury:	11/11/2011
Decision Date:	08/19/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/09/2014

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 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 42-year-old female who reported an injury on 11/11/2011. The mechanism of injury is unknown. The injured worker is noted to have anxiety, constipation, depression, dizziness and headaches. She complained of constant pain in her neck traveling to her mid back which is described as stabbing and pulsing. The pain rate is a 7/10. Displacement of cervical intervertebral disc without myelopathy, C3-4, C4-5, C5-6, C6-7, brachial neuritis or radiculitis, NOS, degeneration of cervical intervertebral disc, cervical facet joint hypertrophy C4-5 and C5-6, headache, systemic disorder, insomnia, unspecified, anxiety, cervicgia, cervical myofascial syndrome, moderate; bilateral carpal tunnel syndrome, moderate; lumbosacral myofascial syndrome; right shoulder myofascitis; and bilateral cervical headaches, mild. Past treatments included blood test on 07/15/2013 and x-rays. There was no documentation on surgical history. In the note dated 07/26/2013, the injured worker complained of neck pain, stiffness, and pain radiating to both arms, shoulder pain and stiffness bilaterally, tingling and numbness and pain in the wrists and hands with numbness in both fingers, low back pain with no radiating pain, and bilateral pain in the knees. The pain level was a 7/10. No current medications were listed. The injured worker's treatment plan included medications, physical and formal psychotherapy, and rest. The treatment plan is for oral suspension bottle of Fanatrex 25 mg/mL 420 mL, oral suspension bottle Dicopan 5 mg/mL 150 mL and oral suspension bottle Deprizine 15 mg/mL 250 mL. The request for authorization and rationale was not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oral suspension bottle of Fanatrex 25mg/ml- 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for oral suspension bottle of Fanatrex 25 mg/mL - 420 mL is not medically necessary. The injured worker has a history of back pain. The California Medical Treatment Utilization Schedule Guidelines state Gabapentin is an antiepilepsy drug. It 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. The oral suspension of this drug has not been found by FDA to be safe and effective and the labeling has not been approved by the FDA. There is lack of documentation as to why the injured worker needs liquid form of such medication. The injured worker has no neuropathic or postherpetic neuralgia pain. It is unclear the rationale the provider has for the medication. As such, the request is not medically necessary.

Oral suspension bottle Dicopanol 5mg/ml -150ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for oral suspension bottle of Dicopanol 5 mg/mL - 150 mL is not medically necessary. The injured worker has a history of back pain. Dicopanol is a generic diphenhydramine hydrochloride. It is used to treat ulcers and gastroesophageal reflux disease and a condition in which backward flow of acid from the stomach causes heartburn. This medication is also used to relieve red, itchy eyes, watery eyes, sneezing, and runny nose caused by hay fever allergies or common cold. There is lack of documentation the injured worker has any of the above diagnoses. It was unclear within the provided documentation why the patient would require oral suspension as opposed to capsule or pill form of the medication. As such, the request is not medically necessary.

Oral suspension bottle Deprizine 15mg/ml - 250ml: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Drugs.com.

Decision rationale: The request for oral suspension bottle of Deprizine 15 mg/mL 250 mL is not medically necessary. The injured worker has a history of back pain. Deprizine is a generic ranitidine hydrochloride. It is used to treat ulcers and gastroesophageal reflux disease and a condition in which backward flow of acid from the stomach causes heartburn. This medication is also used to relieve red, itchy eyes, watery eyes, sneezing, and runny nose caused by hay fever allergies or common cold. There is lack of documentation the injured worker has any of the above diagnoses. It was unclear within the provided documentation why the patient would require oral suspension as opposed to capsule or pill form of the medication. As such, the request is not medically necessary.