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| Case Number: | CM14-0179582 | | |
| Date Assigned: | 11/04/2014 | Date of Injury: | 10/13/2011 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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, has a subspecialty in Interventional Spine 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 patient is a 60-year-old female with a date of injury of October 13, 2010. The list of diagnoses are cervical HNP and radiculopathy, left shoulder AC joint arthrosis, lumbar HNP and radiculopathy, status post right ankle ORIF (October 12, 2012), abdominal pain and discomfort, hypertension, anxiety disorder, mood disorder, sleep disorder and stress. According to progress report from September 10, 2014 the patient presents with neck, left shoulder, mid back and low back pain. The patient also complains of anxiousness and depression. Examination of the cervical spine revealed +2 tenderness to palpation at the suboccipital region, scalene and trapezius muscles. Exam of the left shoulder notes decrease in range of motion with crepitus noted. Examination of the lumbar spine showed tenderness at the lumbar paraspinal muscles and at the lumbosacral junction. Range of motion was decreased on all planes and there was positive straight leg raise bilaterally. The treating physician recommended CT scan, ortho consult and refill of medications. The utilization review denied the request on October 9, 2014. Treatment reports from April 14, 2014 through September 10, 2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 5mg/ml oral suspension 250ml Dosage 10mi (2tsp) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 491-492, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with neck, right ankle, left shoulder, mid back and low back pain. The current request is for Deprizine 5mg/ml oral suspension 250ml dosage 10ml (2 tsp) qty 1. This medicine is a histamine H2-blocker. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking a NSAID since 5/16/14, but the treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Furthermore, the treater provides no discussions as to why oral suspensions are being requested. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Recommendation is for denial.

Fanatrex 25mg/ml oral suspension 420ml Dosage 5ml Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 491-492, Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with neck, right ankle, left shoulder, mid back and low back pain. The current request is for Fanatrex 25mg/ml oral suspension 420ml dosage 5ml qty 1. Fanatrex contains gabapentin and other proprietary ingredients. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." This patient has been utilizing this medication since at least 5/16/14 for his radicular symptoms. While the use of gabapentin is indicated for neuropathic pain, it is not understood why the treater is requiring oral solution. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. In addition, the treating physician has provided no discussion regarding this medication's efficacy. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

Synapryn 10mg/1ml oral suspension 500ml Dosage 5ml QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 75.

Decision rationale: This patient presents with neck, right ankle, left shoulder, mid back and low back pain. The current request is for Synapryn 10mg/1ml oral suspension 500ml dosage 5ml qty 1. The MTUS Guidelines page 75 states a small class of synthetic opioids, for example, Tramadol exhibits opiates activity and a mechanism of action that inhibits the re uptake of serotonin and norepinephrine. Given the patient's continued pain, Tramadol may be warranted. However, the treater is requesting Synapryn, a compound drug with Tramadol and glucosamine without specifying the reason why the combination is medically necessary. Glucosamine is indicated for painful arthritis of the knee which this patient does not suffer from. In addition, it is not known why this treater is prescribing an oral suspension of this medication. There is no documentation in the progress reports that the patient has any problems that would preclude use of oral pill medications. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Recommendation is for denial.

Dicopanol 5mg/ml oral suspension 150ml dosage 1ml QTY: 1: 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 (updated 9/29/14), Insomnia treatment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 492. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Insomnia

Decision rationale: This patient presents with neck, right ankle, left shoulder, mid back and low back pain. The current request is for Dicopanol 5mg/ml oral suspension 150ml dosage 1ml qty 1. This drug classification is antiemetic, histamine-1, receptor antagonis, an oral formulation for Benadryl. The MTUS, ACOEM, and ODG guidelines do not discuss Dicopanol. The treater states that Dicopanol is an alternative medication for insomnia, as Zolpidem has many side effects. ODG guidelines Pain Chapter under Insomnia has the following regarding anti-Histamine for insomnia: "(4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." ODG states that tolerance develops within a few days and long-term use is not supported. In this case there is no long term support for Dicopanol usage and the treating physician has not prescribed this medication for short term usage. Furthermore, it is not known why the treater is prescribing oral suspension formulation for this drug. There is no documentation regarding the patient's inability to swallow pills. ACOEM guidelines page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Recommendation is for denial.

