

<b>Case Number:</b>	CM14-0185503		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Occupational Medicine 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:

Patient is a 50 year-old female with date of injury 03/28/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/12/2014, lists subjective complaints as neck pain with muscle spasm and associated radicular numbness in the left hand. Objective findings: Examination of the cervical spine revealed tenderness to palpation at the trapezius, levator scapula, supraspinatus, and rhomboid muscles, with a trigger point noted. There was also tenderness to palpation of the acromioclavicular joint. There was crepitus with ranges of motion. Range of motion was within normal limits. Positive Neer's and Hawkins bilaterally. Sensation was slightly diminished along the course of the median nerve distribution in the left upper extremity. Motor strength was 4/5 in all the represented muscle groups in the bilateral upper extremities. Diagnosis: 1. Headache, tension 2. Cervicalgia 3. Bilateral impingement syndrome of the shoulder 4. Bilateral pain in elbow 5. Bilateral injury of wrist, hand and fingers 5. Bilateral carpal tunnel syndrome 6. Low back pain 7. Radiculopathy, lumbar region 9. Bilateral pain in ankle and joints of foot. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Dicoprofanol 5mg/ml, #150ml SIG: 1ml po at bedtime 2. Fentanyl 25mg/ml, #420ml SIG: 1 tsp TID 3. Deprizine 15mg/ml, #250ml SIG: once daily

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dicoprofanol 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, Insomnia Treatment

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

**Decision rationale:** The medical record indicates that the patient has trouble sleeping due to pain. The Official Disability Guidelines state that sedating antihistamines have been suggested for sleep aids, but tolerance seems to develop within a few days. The Official Disability Guidelines (ODG) also states that the efficacy and its safety of the long-term treatment of insomnia has not been fully evaluated. In addition, the medical record offers no explanation as to why the employee requires an oral suspension and cannot take a tablet. Dicopanol 5mg/ml #150ml is not medically necessary.

**Fanatrex 25mg/ml #420ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** Fanatrex 25 mg/mL is a suspension of gabapentin compounded with glucosamine and various inactive ingredients. It is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), 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. The patient describes radicular pain for which there is some evidence that gabapentin is helpful. However, Fanatrex is a compounded medication which contains glucosamine. The MTUS does not recommend glucosamine, and any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. In addition, there is no documentation as to why the patient would need an oral suspension as opposed to tablets. Fanatrex 25mg/ml #420ml is not medically necessary.

**Deprizine 15mg/ml #250ml:** 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 Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** Deprizine 5 mg/ML (ranitidine hydrochloride in suspension) is an H2 agonist compounded with inactive ingredients. Although the patient is taking NSAIDs, there is

no documentation in the medical record that he has any of the risk factors cited in the MTUS for recommending an H2 agonist. In addition, there is no documentation as to why the patient was prescribed an oral suspension instead of tablets. Deprizine 15mg/ml #250ml is not medically necessary.