

Case Number:	CM14-0189472		
Date Assigned:	11/20/2014	Date of Injury:	07/02/2013
Decision Date:	01/15/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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 Pain 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:

This is a patient with a date of injury of 7/2/13. A utilization review determination dated 10/8/14 recommends non-certification of Dicopanol, Fanatrex, and Deprizine. 9/11/14 medical report identifies pain 1-2/10. Medication offers temporary relief of pain and improve his ability to have restful sleep. On exam, range of motion (ROM) is slightly limited in the right knee, there is decreased sensation L4-S1 RLE, and motor strength is 4/5 in "all the represented muscle groups in the right lower extremity." Recommendations include multiple medications, physical therapy, and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (Diphenhydramine) 5mg/ml Oral suspension 15ml, 1ml QHS may increase to max of 5ml for insomnia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

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: <http://www.drugs.com/pro/diphenhydramine.html>

Decision rationale: Regarding the request for Dicopanol, it is noted to be a compounding kit containing diphenhydramine. California MTUS and Official Disability Guidelines (ODG) do not address the issue. The FDA prescribing information notes that diphenhydramine is indicated as an antihistaminic, for motion sickness, management of parkinsonism, and as a nighttime sleep aid. Within the documentation available for review, there is no description of insomnia or another medical condition to support the use of this medication. Additionally, the documentation does not identify why a compounding kit is needed rather than the standard FDA-approved oral capsule form of this medications. In light of the above issues, the currently requested Dicopanol is not medically necessary.

Fanatrex (Gabapentin) 25mg Oral suspension 420ml, tsp TID for Neuropathic Pain:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Fanatrex, this is noted to be a compounding kit containing gabapentin. Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epileptic drugs (AEDs) depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any significant neuropathic pain and efficacy from any prior use of the medication. Additionally, the documentation does not identify why a compounding kit is needed rather than the standard FDA-approved oral capsule form of this medications. In light of the above issues, the currently requested Fanatrex is not medically necessary.

Deprizine 15mg/ml Oral suspension 250ml, 2 tsp QD for GI Pain/ Gastric Ulcer: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Regarding the request for Deprizine, this is noted to be a compounding kit containing ranitidine. California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAID) therapy. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or another indication for this medication. Additionally, the documentation does not identify why a compounding kit is needed rather than

the standard FDA-approved oral capsule form of this medications. In light of the above issues, the currently requested Deprizine is not medically necessary.