

Case Number:	CM14-0190827		
Date Assigned:	11/24/2014	Date of Injury:	01/28/2014
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/16/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and Acupuncture 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 claimant is a 64 year old female. She suffered a slip and fall injury on 1/28/2014. She has described pain in the neck, lower back, shoulders, hands, and knees related to this industrial exposure. She described associated numbness and tingling as well as pain which was burning and aching in character. She was diagnosed with possible carpal tunnel syndrome and myalgia. There was no relevant imaging noted in the records available for my review. She has been treated with chiropractic care, acupuncture, and medication management (ibuprofen) as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Rx 9/9/14 Deprizine 15mg/ml SIG: take 2 ts once daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consultation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine

Decision rationale: Deprizine is a compounded form of ranitidine in an oral suspension. MTUS 2009 p69 notes H-2 blockers should be considered for NSAID induced dyspepsia. There is no mention of this in the records available for review. The request is not medically necessary.

Dicopanol 5mg/ml SIG - take ml po at bedtime: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult

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: National Library of Medicine

Decision rationale: Dicopanol is diphenhydramine, an antihistamine prescribed for allergic reaction and for its sedative properties, which is the likely reason it is prescribed at bedtime. However, there is no diagnosis of insomnia. There is a mention that the pain affects sleep, however the use of this medication to address this is not articulated in the records available for review. The request is not medically indicated.

Fanatrex 25mg SIG take 1 tsp tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: Fanatrex is gabapentin. With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p17, "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 AEDs depends on improved outcomes versus tolerability of adverse effects." As there is no documentation of improvement in function in the records available for review, this request is not medically necessary.