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| Case Number: | CM14-0192131 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 01/14/2009 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 11/05/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 52 years old male patient who sustained an injury on 01/14/2009. The diagnoses include right knee sprain/strain, status post right knee arthroscopy, right knee medial meniscal tear, right knee synovitis and psoriasis. He sustained the injury while lifting an extension ladder and putting on to the top of a truck. Per the physician's progress report dated 08/19/2014 he is status post right knee arthroscopy with residual pain which was noted as constant and described as moderate to severe. He also had complaints of numbness, tingling and pain radiating to the foot. His stated his medication regimen and limiting activity provides temporary relief of pain. Physical examination of the right knee revealed a well healed surgical scar, patches of psoriasis over the extremities, a decreased range of motion and tenderness over the medial and lateral line, the patello-femoral joint and suprapatellar bursa. Treatment plan was to continue taking medication for pain; medication regimen was noted as Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen Cream. He has undergone right knee surgeries in 2009, 2013 and on 2/26/2014. Treatment plan also included an orthopedic surgeon referral and PRP Treatment - right knee. He was noted to be able to work on modified duty. The Utilization Review (UR) dated 11/05/2014 non-certified the request for Dicopanol (diphenhydramine) 5mg/ml oral suspension 1ml at bedtime 250ml, Fanatrex (Gabapentin) 25mg/ml oral suspension 5ml TID 420ml, and Deprizine 15mg/ml oral suspension 10ml OD for GI pain 250ml as not medically necessary. The UR also mentions a physician's progress report dated 09/16/2014, which was not submitted for this review. The reviewing physician referred to CA MTUS Guidelines Chronic Pain Medical Treatment Guidelines and ODG for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (diphenhydramine) 5mg oral suspension 1 ml at bedtime 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Pain (updated 10/30/14) Insomnia treatment Thompson Micromedex FDA labeled indication-diphenhydramine

Decision rationale: Request: Q-1-Dicopanol (diphenhydramine) 5mg oral suspension 1 ml at bedtime 250 ml The active ingredient of dicopanol is diphenhydramine hydrochloride in suspension form. Per the cited guidelines (ODG), "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." A detailed evaluation of insomnia in this patient was not specified in the records provided. The presence or absence of side effects of the use of dicopanol(diphenhydramine) in this patient was not specified in the records provided. According to the Thompson Micromedex FDA labeled indication for the diphenhydramine includes "Chemotherapy-induced nausea and vomiting, extra pyramidal disease - Medication-induced movement disorder, Hyperemesis gravidarum." Any indication listed above that would require the use of diphenhydramine is not specified in the records provided. In addition, rationale for prescribing the medication in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of Dicopanol (diphenhydramine) 5mg oral suspension 1 ml at bedtime 250 ml is not fully established for this patient at this time.

Fanax (Gabapentin) 25mg/ml oral suspension 5 ml, three times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): page(s) 18-19.

Decision rationale: Request: Q-2-Fanax (Gabapentin) 25mg/ml oral suspension 5 ml, three times a day Fanatrex contains gabapentin in oral suspension form. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "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 the cited guidelines,

CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007)Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study.The rationale for prescribing the medication in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided.The medical necessityof Fanarex (Gabapentin) 25mg/ml oral suspension 5 ml, three times a day is not fully established for this patient at this time.

Deprizine 15 mg/ml oral suspension 10 ml OD for GI pain 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thomspn Micromedex Ranitidine Hydrochloride-FDA-Labeled Indications

Decision rationale: Request: Q-3-Deprizine 15 mg/ml oral suspension 10 ml OD for GI pain 250 mlOther Medical Treatment Guideline or Medical Evidence Deprizine contains ranitidine hydrochloride in oral suspension form. According to theThomspnMicromedex , FDA labeled indications for ranitidine are "Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome."Any of the above listed indications in this patient is not specified in the records provided .Rationale for prescribing drugs in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided.The medical necessity of Deprizine 15 mg/ml oral suspension 10 ml OD for GI pain 250 ml is not established for this patient.