

Case Number:	CM14-0201137		
Date Assigned:	12/11/2014	Date of Injury:	07/02/2013
Decision Date:	01/30/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/02/2014

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 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:

The patient is a 64 year old male with an injury date on 07/02/2013. Based on the 10/09/2014 progress report provided by the treating physician, the diagnosis is:1. Status post right knee meniscus repair with residual pain According to this report, the patient complains of intermittent to frequent, mild to moderate right knee pain that is 1-2/10. Pain is aggravated with squatting, kneeling, ascending or descending stairs, prolonged positioning including weight bearing, standing, and walking. The patient states that "the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications." Examination of the right knee reveals a slightly decreased sensation to pinprick and light touch at the L4, L5 and S1, dermatomes. Motor strength is 4/5. Range of motion is 0-130 degrees. The treatment plan is to continue the usage of medications, request for a MRI of the right knee, walking cane, medium size brace for the right knee, Terocin patches for pain relief, 18 sessions of physical therapy, and return in 4 weeks for a follow-up visit. There were no other significant findings noted on this report. The utilization review denied the request for (1) DICOPANAL 5MG/ML, (2) FANATREX 25MG/ML, and (3) DEPRIZINE 15MG/ML on 10/31/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 07/30/2014 to 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOPANAL 5MG/ML ORAL SUSP. 150ML; 1ML P.O AT BEDTIME; MAX OF 5ML AS TOLERATED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, 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) mental illness under Diphenhydramine (Benadryl).

Decision rationale: According to the 10/09/2014 report, this patient presents with intermittent to frequent, mild to moderate right knee pain that is 1-2/10. The current request is for Dicopanal 5mg/ml oral susp. 150ml; 1ml p.o at bedtime; max of 5ml as tolerated. Dicopanal is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients. Regarding diphenhydramine, Official Disability Guidelines (ODG) state "sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012)." Review of the reports provided do not show the patient has sleeping issue. However, the treating physician states that the medications "improve his ability to have restful sleep." In this case, the treating physician is requesting Dicopanal and this medication were first noted in the 09/11/2014 report. Dicopanal is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the current request is not medically necessary.

FANATREX 25MG/ML ORAL SUSPENSION 420ML; 1TSP (5ML) TID OR AS DIRECTED BY MD: Overturned

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

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

Decision rationale: According to the 10/09/2014 report, this patient presents with intermittent to frequent, mild to moderate right knee pain that is 1-2/10. The current request is for Fanatrex 25mg/ml oral suspension 420ml; 1tsp (5ml) tid or as directed by MD. This medication was first mentioned in the 09/11/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the reports indicates that the patient has neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. The treating physician indicates that the "medications do offer him temporary relief of pain and improve his ability to have restful sleep." In this case, given that the patient's neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.

DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML; 2TSP (10ML) ONCE DAILY:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 10/09/2014 report, this patient presents with intermittent to frequent, mild to moderate right knee pain that is 1-2/10. The current request is for Deprizine 15mg/ml oral suspension 250ml; 2tsp (10ml) once daily and this medication was first noted in the 09/11/2014 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.