

Case Number:	CM14-0206953		
Date Assigned:	12/18/2014	Date of Injury:	12/08/2013
Decision Date:	02/10/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, 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 63 year old female with an injury date of 12/08/13. Based on the 06/27/14 progress report, the patient complains of low back pain, right knee pain, and right foot pain which she rates as a 7/10. Her low back pain has numbness/tingling to the bilateral lower extremities and her right knee has numbness/tingling radiating to the foot. The 07/02/14 report indicates that the patient continues to have pain in her low back, right knee, and right foot. There is palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. In regards to the right knee, there is palpable tenderness to palpation over the medial and lateral joint line and to the patella-femoral joint. For the right foot, there is tenderness to palpation at the dorsal aspect and tenderness at the calcaneus. The 07/29/14 report states that there is a slight decrease in sensation to pin-prick and light touch at the L4, L5, and S1 dermatomes in the right lower extremity. No further exam findings were provided. The patient's diagnoses include the following: 1. Low back pain 2. Lumbar spine sprain/strain 3. Radiculitis, lower extremity 4. Lumbar spine degenerative disc disease 5. Lumbar disc displacement HNP 6. Right knee sprain/strain 7. Right knee lateral meniscal tear 8. Right knee internal derangement 9. Right knee Baker's cyst 10. Right foot osteoarthritis The utilization review determination being challenged is dated 11/11/14. There were four treatment reports provided from 05/28/14- 07/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress Chapter, Insomnia treatment

Decision rationale: The patient presents with pain in her low back, right knee, and right foot. The request is for Dicopanol #1. ODG-TWC, Mental Illness & Stress Chapter states: "Diphenhydramine (Benadryl): See Insomnia treatment, where sedating antihistamines are not recommended for long-term insomnia treatment." Sedating antihistamines are not recommended as tolerance is quickly developed. The patient has been taking Dicopanol as early as 05/28/14. In this case, the patient presents with low back pain, right knee pain, and right foot pain. The reports provided do not document insomnia. The medication has been used for long-term which is not supported by the guidelines. There is no mention of any efficacy either. Therefore, the requested Dicopanol is not medically necessary.

Fanatrex #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available); Medication for chronic pain Page(s): 1.

Decision rationale: The patient presents with pain in her low back, right knee, and right foot. The request is for Fanatrex #1. MTUS has the following regarding Gabapentin on page 18-19: "Gabapentin (Neurontin, Gabarone, generic available) 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." On the 05/28/14, 06/27/14, and 07/02/14 reports, the patient rates her pain as a 7/10. On the 07/29/14 report, the patient rates her low back pain as a 7/10, her right knee pain as a 6-7/10, and her right foot pain as a 6/10. Patient has been prescribed Fanatrex (Gabapentin) as early as 05/28/14. The treating physician does not discuss efficacy specifically pertaining to Fanatrex. There is no discussion as to how this medication has been helpful with pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, the requested Fanatrex is not medically necessary.

Synapryn #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medication for chronic pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with pain in her low back, right knee, and right foot. The request is for Synapryn #1(Tramadol). MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. On the 05/28/14, 06/27/14, and 07/02/14 reports, the patient rates her pain as a 7/10. On the 07/29/14 report, the patient rates her low back pain as a 7/10, her right knee pain as a 6-7/10, and her right foot pain as a 6/10. Patient has been prescribed Synapryn as early as 05/28/14. The treating physician does not discuss efficacy specifically pertaining to Synapryn. There is no discussion as to how this medication has been helpful with pain and function. Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either, as required by MTUS. In addition, urine drug screens to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Synapryn is not medically necessary.

Deprizine #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain in her low back, right knee, and right foot. The request is for Deprizine #1. MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is currently taking Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and Cyclobenzaprine. She has been taking Deprizine as early as 05/28/14. In this case, there are no discussions regarding what Deprizine is doing for the patient. The treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Furthermore, the list of medications does not include an oral NSAID to be concerned about GI prophylaxis. The requested Deprizine is not medically necessary.