

<b>Case Number:</b>	CM14-0209565		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 54 year old male with an injury date on 1/29/13. The patient complains of lower back pain and muscle spasms, rated 5-6/10 on VAS scale, with associated numbness/tingling of bilateral lower extremities per 11/24/14 report. The patient states that medications offer him temporary relief from pain and improve his ability to have restful sleep per 11/24/14 report. The patient states that his pain is aggravated by activities of daily living such as getting dressed, and personal hygiene per 7/29/14 report. Based on the 8/26/14 progress report provided by the treating physician, the diagnoses are: 1. lower back pain 2. lumbar spine disc displacement, HNP 3. lumbar spine radiculopathy 4. hypertension A physical exam on 11/24/14 showed "Patient able to squat to 40% of normal due to pain in lower back. Toe touch causes lower back pain with fingers 6 inches from ground." The patient's treatment history includes medications, physical therapy, and acupuncture. The treating physician is requesting dicopanol (diphenhydramine) 5mg/ml #150ml, and fanatrex (gabapentin) 25mg/ml #240ml. The utilization review determination being challenged is dated 11/26/14. The requesting physician provided treatment reports from 7/5/14 to 12/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dicopanol (diphenhydramine) 5mg/ml #150 ml:** 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) pain chapter, Insomnia.

**Decision rationale:** This patient presents with lower back pain, numbness/tingling in lower extremities. The physician has asked for Dicopanol (Diphenhydramine) 5mg/ml #150ml on 11/24/14. The patient has been taking Dicopanol since 7/5/14 report. Dicopanol is diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients. The ODG guideline states that tolerance develops within a few days with multiple side effects. There is no discussion on a sleep problem or subjective complaints of insomnia. The ODG requires evaluation of the sleep issues, including the specific components of insomnia, prior to starting pharmacologic treatment. The criterion has not been met. The ODG states there have been primarily short-term studies performed, less than 4 weeks, so more studies are required to evaluate the efficacy and safety of long-term treatment of insomnia. In this case, the physician does not document that this medication is to be used for short-term only. As the patient been treated with the same medication since 7/5/14, it does not appear that this has been short-term treatment. There is no documentation is that it is working for the patient's insomnia. The request is not medically necessary.

**Fanatrex (Gabapentin) 25mg/ml #420ml:** 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 Muscle Relaxants for pain Page(s): 63-66.

**Decision rationale:** This patient presents with lower back pain, numbness/tingling in lower extremities. The physician has asked for FANATREX (GABAPENTIN) 25MG/ML #240ML on 11/24/14. Patient has been taking Gabapentin since 7/5/14 report. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has been taking Gabapentin for 4 months without documentation of effectiveness in relation to pain and function, as required per MTUS pg. 60. The requested gabapentin 300mg #420 is not indicated. The request is not medically necessary.

