

Case Number:	CM15-0000947		
Date Assigned:	01/12/2015	Date of Injury:	10/10/2014
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/05/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker is a 50 year old male, who sustained an industrial injury on 10/10/2014. The mechanism of injury has not been provided with the clinical documentation submitted for review. He has reported neck, right shoulder, wrist and low back pain. The diagnoses have included cervical sprain/strain, right shoulder sprain/strain, right wrist/hand pain, low back pain and lumbar sprain/strain. Currently, the IW complains of frequent sharp, stabbing neck pain. The pain is described as moderate to severe. He also reports constant moderate to severe burning right shoulder pain, rated as a 6/10 on a pain analog scale. There is constant severe burning right wrist and hand pain rated as 7/10. He also reports sharp burning constant moderate to severe low back pain, rated as a 6-7/10. Medications offer temporary relief. Objective physical examination reveals tenderness to palpation of the sub occipital muscles, scalene, sternocleidomastoid, and bilateral upper trapezius muscles. The right shoulder appears lower than the left. There is decreased range of motion and positive Spurling's test, cervical distraction test and cervical compression tests. There is right wrist tenderness and decreased range of motion. Tinel's and Finkelstein's tests are positive. There is paraspinal muscle guarding and decreased range of motion of the lumbar spine. Straight leg raise test is positive. Magnetic resonance imaging (MRI) of the shoulder dated 11/17/2014 revealed supraspinatus tendinosis, minimal subacromial and subscapularis bursitis, minimal glenohumeral joint effusion, osteoarthropathy of acromioclavicular joint, biceps tenosynovitis, and subchondral cyst/erosion at lateral aspect of humeral head. On 12/22/2014, Utilization Review non-certified prescriptions for Bepirizine

15mg/mL (250mL), Dicopanol 5mg/mL (150mL) and modified prescriptions for Tabradol 1gm/mL (250mL) and Fanatrex 25mg/mL (420 mL) noting the lack of medical necessity. The MTUS was cited. On 01/05/2014, the injured worker submitted an application for IMR for review of Tabradol 1gm/mL (250mL), Beprizine 15mg/mL (250mL), Dicopanol 5mg/mL (150mL), and Fanatrex 25mg/mL (420 mL).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1g/ml 250ml: 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 Cyclobenzaprine, Medications for chronic pain, Antispasmodics, Page(s): page 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Pain, Cyclobenzaprine (Flexeril $\frac{1}{2}$) UpToDate, Flexeril

Decision rationale: MTUS Chronic Pain Medical Treatment states for Tabradol (Cyclobenzaprine), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up to date "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Tabradol (cyclobenzaprine). Medical records do not state that the patient had an increase in function or a decrease in pain. The prior reviewer stated that in fact the patient should be weaning from Tabradol. As such, the request for Tabradol 1g/ml 250ml is not medically necessary.

Dicopanol 5mg/150ml: 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 Chronic Pain, insomnia

Decision rationale: MTUS is silent on the use of diphenhydramine. ODG discusses the use of diphenhydramine as an over the counter sleep aid in the chronic pain segment. For insomnia ODG recommends that 'Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. ODG recommends that, "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.' Medical records provided do not indicate that this patient is suffering from insomnia, nor has the treating physician indicated why this patient requires the liquid form of this medication. As such, the request for Dicopanol 5mg/150ml is not medically necessary.

Fanatrex 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 Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin; ½)

Decision rationale: The MTUS considers (Fanatrex) Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states 'Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended.' Additionally, ODG states that Gabapentin '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.' The medical documentation provided does not indicate that this patient has been diagnosed with diabetic neuropathy or postherpetic neuralgia. the treating physician did not document improved functionality and decreased pain after starting Gabapentin. As such, the request for Fanatrex 25mg/ml 420ml is not medically necessary.

bepirizine 15mg/ml 250ml: 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: There is a typo in the request with Beprizine and Deprizine is documented in the medical record. Deprizine contains ranitadine and other proprietary ingredients. Ranitadine is an H2 blocker and like a PPI can be utilized to treat dyspepsia secondary to NSAID therapy. MTUS states "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 also states that, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, treatment of dyspepsia secondary to NSAID therapy or other GI risk factors as outlined in MTUS. As such, the request for beprizine 15mg/ml 250ml is not medically necessary.