

Case Number:	CM15-0019139		
Date Assigned:	02/09/2015	Date of Injury:	03/06/2014
Decision Date:	04/01/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/02/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 48 year old female, who sustained an industrial injury, August 28, 2007. The industrial injury was form cumulative type of injuries during a period of time, from October 27, 2003 through April 29, 2014, while working as a machine operator. According to progress note of November 11, 2014, the injured workers chief complaint was were several body parts. The injured worker's pain level was 7 out of 10; 0 being no pain and 10 being the worse pain. The pain was in the bilateral shoulders, elbows, wrists, back, ankles and neck. The physical exam noted tenderness in the neck, bilateral shoulders with decreased range of motion, pain with palpation of the bilateral wrists with decreased range of motion. The thoracic spine at T3-T6 spasms and muscle guarding with decreased range of motion. The lumbar spine noted pain with heel to toe walking and abnormal gait with documented decreased range of motion. The ankles had notable tenderness and decreased range of motion. The injured worker was diagnosed with cervicgia, cervical spine sprain/strain, cervical radiculopathy, bilateral shoulder sprain/strain rule out impingement syndrome, bilateral shoulder tenosynovitis, bilateral elbow sprain/strain rule out lateral epicondylitis, bilateral wrist sprain/strain rule out bilateral carpal tunnel syndrome, bilateral wrist De Quervain's tenosynovitis, right hand neuroma, thoracic spine pain, thoracic spine sprain/strain, lumbago, lumbar sprain/strain, lumbar radiculopathy, bilateral knee sprain/strain rule out internal derangement, bilateral ankle sprain/strain rule out internal derangement and bilateral foot sprain/strain rule planter fasciitis. The injured worker previously received the following treatments an MRI of the thoracic spine on June 4, 2014, MRI of the right wrist on June 5, 2014, MRI of the left shoulder on June 5, 2014, MRI of the left elbow on June 5,

2014, MRI right shoulder on June 5, 2014, MRI of the right elbow on June 5, 2014, MRI of the left foot on June 6, 2014, right wrist, thoracic spine, right foot, right ankle, left wrist, right shoulder, lumbar spine, right knee, left foot, left shoulder, left ankle and left elbow x-rays on August 18, 2014 laboratory studies, physical therapy, acupuncture, manipulation therapy, extracorporeal shockwave therapy treatments, injections to effected body parts and pain medication. On, November 11, 2014, the primary treating physician requested authorization for prescriptions renewals for Dicopanol, Fanatrex, Synapryn and Deprizine. On January 7, 2015, the Utilization Review denied authorization for prescriptions for Dicopanol, Fanatrex, Synapryn and Deprizine. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18, 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, OTC benadryl.

Decision rationale: The patient presents with pain and weakness in her multiple body parts including neck, shoulders, lower back, knees, and upper/ lower extremities. The request is for DICOPANOL. Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, Gabapentin and Terocin patches are currently prescribed. ODG guidelines have the following regarding OTC Benadryl: "(4) 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." In this case, Dicopanol which contains Benadryl has been prescribed since at least 06/19/14. The treater requested Dicopanol for insomnia without documenting how this medication has been effective in managing the patient's insomnia. ODG guidelines indicates that tolerance is developed within a few days with side effects. Given that Dicopanol is recalled by FDA, and the amount of the medication is not indicated, the request IS NOT medically necessary.

Fanatrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18, 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient presents with pain and weakness in her multiple body parts including neck, shoulders, lower back, knees, and upper/ lower extremities. The request is for FANATREX. MTUS guidelines page 18 and 19 states that "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." In this case, Fanatrex (Gabapentin) has been prescribed since at least 06/19/14 for neuropathic pain. This patient presents with neuropathic pain for which this medication may be indicated. However, the treater does not provide adequate documentation of pain reduction or functional improvement from the use of this medication. MTUS require documentation of at least 40% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 require recording of pain and function when medication is used for chronic pain. Furthermore, the treater requested Fanatrex without the indication of amount. The requested Fenatrex IS NOT medically necessary.

Synapryn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 76-78, 93, 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89. Decision based on Non-MTUS Citation Website
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416>.

Decision rationale: The patient presents with pain and weakness in her multiple body parts including neck, shoulders, lower back, knees, and upper / lower extremities. The request is for SYNAPRYN. Per Dailymed, "SYNAPRYN is tramadol hydrochloride 10 mg/mL, in oral suspension with glucosamine - compounding kit"
<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=22416>. Regarding chronic opiate use, MTUS guidelines page 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 4A's, 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. In this case, Synapryn has been prescribed since at least 06/19/14. The review of the reports does not show any discussion specific to this medication. The 4 A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Synapryn IS NOT medically necessary.

Deprizine: 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): 69.

Decision rationale: The patient presents with pain and weakness in her multiple body parts including neck, shoulders, lower back, knees, and upper/ lower extremities. The request is for DEPRIZINE. The MTUS Guidelines page 69 state, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, Deprizine has been prescribed since at least 06/19/14. There is no documentation how this medication is used with what efficacy. None of the reports indicate that the patient has dyspepsia with NSAID. The treater appears to use H2 blocker for prophylaxis. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID e.g., NSAID + low-dose ASA. The treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request IS NOT medically necessary.