

Case Number:	CM15-0137276		
Date Assigned:	07/27/2015	Date of Injury:	11/25/2014
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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, Hawaii

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 is a 33-year-old male, who sustained an industrial injury on 11/25/14. He has reported initial complaints of a right hand burn and crush injury after dropping a 150-pound hot roller on the right hand. The diagnoses have included crush injury right hand, cellulitis right hand, contusion right hand and status post third degree burn of the right hand with residual pain. Treatment to date has included medications, diagnostics, off of work, and other modalities. Currently, as per the physician progress note dated 6/3/15, the injured worker is status post burn injury to the right hand with residual pain. The pain is moderate to severe and rated 6/10 on pain scale. He also complains of weakness, numbness and tingling in the hands and fingers. He states that the symptoms persist but that the medications offer temporary relief of pain and improve his ability to have restful sleep. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right hand and x-rays of the right hand. The right hand exam reveals third degree burns and deep scarring noted at the right hand. The current medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, Capsaicin, Flurbiprofen, Menthol, and Gabapentin. There is no previous urine drug screen report noted. Work status is to return to full duty on 6/3/15 with no limitations or restrictions. The physician requested treatments included Tabradol 250ml, Deprizine 250ml and Dicopanol 150ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with diagnoses of crush injury right hand, cellulitis right hand and status post third degree burn of the right hand with residual pain. Currently the patient complains of pain, weakness, numbness and tingling in the hands and fingers. The patient has been returned to full duty work with no limitations or restrictions. The current request is for Tabradol 250ml. Tabradol is an oral suspension containing cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. The treating physician requests in his letter of medical necessity on 6/3/15 (146B), Tabradol 1mg/ml oral suspension 250ml, dosage 5ml (1tsp) 2-3 times a day, quantity of 1. The treating physician states this patient presented to me with a history of musculoskeletal problems, complaining of chronic pain and muscle spasms in different body parts occurring extensively enough to interfere with day-to-day activities. MTUS guidelines regarding Cyclobenzaprine state, "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment." In this case, it is unclear how long the patient has been medicating with Tabradol but it appears usage dates back till at least 4/8/15 (99B) and that the patient has been prescribed this medication on an on-going basis. MTUS does not support on-going, long-term use of Cyclobenzaprine. The current request is not medically necessary.

Deprizine 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The patient presents with diagnoses of crush injury right hand, cellulitis right hand and status post third degree burn of the right hand with residual pain. Currently the patient complains of pain, weakness, numbness and tingling in the hands and fingers. The patient has been returned to full duty work with no limitations or restrictions. The current request is for Deprizine (ranitidine) 250ml. The treating physician requests in his letter of medical necessity on 6/3/15 (146B), Deprizine 5mg/ml oral suspension 250ml, dosage 10ml (2tsp) once daily, quantity of 1. The treating physician states "this patient presented to me with a history of taking multiple medications for the pain caused by the injury, including chronically taking over-the-counter non steroidal anti inflammatory medications. The patient is therefore at an increased risk of gastrointestinal perforation/hemorrhage." The treating physician

continues "Deprizine contains ranitidine and other proprietary ingredients. Histamine-2 receptor antagonists (H2RA) such as Ranitidine play an important role in the prophylactic treatment of NSAID-induced GI ulcer/bleeds." MTUS and ODG do not discuss this medication specifically by name. However, MTUS Guidelines 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, the patient does not have dyspepsia with NSAID. The treating physician is using the H2 blocker for prophylaxis. MTUS requires documentation of GI risk assessment such as age >65, concurrent use of ASA, anticoagulant, history of peptic ulcer disease, or high dose/multiple NSAID, for prophylactic use of PPI. The objective findings provided did not document any specific GI symptoms. The current request is not medically necessary.

Dicopanol 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Mental Illness & Stress Chapter, Diphenhydramine (Benadryl).

Decision rationale: The patient presents with diagnoses of crush injury right hand, cellulitis right hand and status post third degree burn of the right hand with residual pain. Currently the patient complains of pain, weakness, numbness and tingling in the hands and fingers. The patient has been returned to full duty work with no limitations or restrictions. The current request is for Dicopanol (Diphenhydramine) 150ml. The treating physician requests in his letter of medical necessity on 6/3/15 (146B), Dicopanol 5mg/ml oral suspension 150ml, dosage 1ml po at bedtime, quantity of 1. The physician states "this patient presented to me with a history of an irregular sleeping pattern, complaining of rarely getting a continuous night of sleep, and often of difficulty in falling asleep." The treating physician argues that Dicopanol is a great alternative to many of the pharmacological agents currently on the market that carry the potential risk of addiction, cause withdrawal symptoms, or trigger rebound insomnia as it is far less dangerous in the long term to the patient's health as it is widely used in many non-prescription sleep aids and cold medications and has been shown to be safe and effective in the treatment of mild to moderate insomnia. MTUS guidelines do not address Dicopanol. ODG states the following on Diphenhydramine (Benadryl): Not recommended. See Insomnia treatment, where sedating antihistamines are not recommended for long-term insomnia treatment. Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. In reviewing the ODG guidelines there is no support for diphenhydramine on a long-term basis for insomnia, as tolerance seems to develop within a few days. The current request is not medically necessary.