

Case Number:	CM15-0138505		
Date Assigned:	07/28/2015	Date of Injury:	12/04/2013
Decision Date:	08/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 12/4/13. The diagnoses have included cervical spine Herniated Nucleus Pulposus (HNP), cervical spine degenerative disc disease (DDD), left shoulder sprain/strain, status post left shoulder surgery left shoulder arthrosis, left elbow lateral epicondylitis and left wrist tenosynovitis. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy, chiropractic, and acupuncture and shockwave therapy. Currently, as per the physician progress note dated 5/12/15, the injured worker complains of burning radicular neck pain and muscle spasms rated 8/10 on pain scale and associated with numbness and tingling in the left upper extremity. She is status post left shoulder surgery and rates the left shoulder pain 7/10. She has burning left elbow pain and muscle spasms rated 7/10 with weakness, numbness, tingling and pain that radiates to the hands and fingers. She states that the symptoms persist but the medications offer temporary relief of pain and improve her ability to have restful sleep. The physical exam reveals cervical spine tenderness and decreased cervical range of motion. There is tenderness to palpation of the left shoulder, decreased range of motion, and positive Neer's impingement sign. The left elbow exam reveals tenderness over the left medial and lateral epicondyle, decreased range of motion and positive Cozen's sign and Tinel's elbow. The left wrist and hand reveal tenderness and decreased range of motion in the left wrist. The current medications included Deprizine, Dicopanol, Gabapentin, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream. There is no previous urine drug screen report noted. Work status is temporary totally disabled from 5/12/15-6/9/15. The physician requested treatments included

Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml 1 ml PO QHS #1, Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml tsp (5ml) TID #1, and Deprizine 15mg/ml oral suspension 250ml 2 tsp (10ml) QD #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml 1 ml PO QHS #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 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 Dicopanol Instructions Insert.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for radiating neck and left shoulder, elbow, and wrist pain. She underwent a left rotator cuff repair complicated by adhesive capsulitis. When seen, pain was rated at 7-8/10. There was cervical spine tenderness with decreased range of motion. Left shoulder range of motion was decreased with positive impingement testing. There was medial and lateral epicondyle and wrist tenderness with decreased range of motion. Tinel and Cozen testing at the elbow was positive. There was decreased left upper extremity strength and sensation. Medications were refilled. Authorization for a series of platelet rich plasma injections for the shoulder was requested. Dicopanol is diphenhydramine hydrochloride in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that there is a need for medications provided in a compounded or oral suspension formulation. Dicopanol is not medically necessary.

Fanatrex (Gabapentin) 25mg/ml oral suspension 420ml tsp (5ml) TID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fanatrex Instructions Insert.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for radiating neck and left shoulder, elbow, and wrist pain. She underwent a left rotator cuff repair complicated by adhesive capsulitis. When seen, pain was rated at 7-8/10. There was cervical spine tenderness with decreased range of motion. Left shoulder range of motion was decreased with positive impingement testing. There was medial and lateral epicondyle and wrist tenderness with decreased range of motion. Tinel and Cozen testing at the elbow was positive. There was decreased left upper extremity strength and sensation. Medications were refilled. Authorization for a series of platelet rich plasma injections for the shoulder was requested. Fanatrex is gabapentin in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that there is a need for medications provided in a compounded or oral suspension formulation. Fanatrex is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml 2 tsp (10ml) QD #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deprizine Instructions Insert.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for radiating neck and left shoulder, elbow, and wrist pain. She underwent a left rotator cuff repair complicated by adhesive capsulitis. When seen, pain was rated at 7-8/10. There was cervical spine tenderness with decreased range of motion. Left shoulder range of motion was decreased with positive impingement testing. There was medial and lateral epicondyle and wrist tenderness with decreased range of motion. Tinel and Cozen testing at the elbow was positive. There was decreased left upper extremity strength and sensation. Medications were refilled. Authorization for a series of platelet rich plasma injections for the shoulder was requested. Dicopanol is diphenhydramine hydrochloride in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Dicopanol is not medically necessary. Dicopanol Instructions Insert Fanatrex is gabapentin in a FusePaq. compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Fanatrex is not medically necessary. Fanatrex Instructions Insert Deprizine is ranitidine hydrochloride in a FusePaq. Compounding kit which is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that there is a need for medications provided in a compounded or oral suspension formulation. Deprizine is not medically necessary.