

<b>Case Number:</b>	CM15-0145045		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	08/16/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 20-year-old female, with a reported date of injury of 08-16-2014. The mechanism of injury was the lifting and breaking down of heavy boxes. The injured worker's symptoms at the time of the injury included sharp pain in the low back. The diagnoses include lumbar strain, quadratus lumborum strain, ligament/muscle strain and spasm, multiple trigger points in the lumbar spine, low back pain, right shoulder sprain and strain, rule out right shoulder derangement, right wrist sprain and strain, rule out right wrist derangement, rule out lower extremity radiculitis, right hip sprain and strain, and rule out right hip derangement. Treatments and evaluation to date have included physical therapy, acupuncture treatment, oral medications, Toradol injection into the left gluteus, and lumbar spine injection. The diagnostic studies to date have included an MRI of the lumbar spine on 05-15-2015 which showed straightening of the lumbar spine, diffuse disc protrusion with effacement of the thecal sac at L4-5, and L5-S1, and spinal canal neural foramina were patent in all lumbar spine levels; an MRI of the right wrist on 05-15-2015 which showed a ganglion cyst at the volar aspect of the radiocarpal joint, subcortical cyst, erosion at the triquetral, partial tear of the triangular fibrocartilage complex, and mild posterior subluxation of distal ulna at the radioulnar joint; an MRI of the right shoulder on 05-15-2015 which showed supraspinatus and infraspinatus tendinosis, minimal subacromial and subscapularis bursitis, and lateral down sloping of acromion process; and an MRI of the right hip on 05-15-2015 which showed unremarkable findings. The initial comprehensive report dated 04-29-2015 indicates that the injured worker complained of burning right shoulder pain with radiation down the arm to the fingers, associated with muscle spasms. She rated the pain 6 out of

10. She complained of burning right wrist pain and muscle spasms, and rated the pain 3-4 out of 10. The injured worker also complained of burning, radicular low back pain and muscle spasms. She rated the low back pain 8 out of 10. The pain was associated with numbness and tingling of the bilateral lower extremities. There was also a complaint of burning right hip pain and muscle spasms, which was rated 7 out of 10. The physical examination of the right shoulder showed tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle and decreased range of motion. An examination of the right wrist showed tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence, decreased range of motion, slightly diminished sensation to pinprick and light touch over C5, C6, C7, C8, and T1 dermatomes in the right upper extremity, and decreased motor strength in the right upper extremity. An examination of the lumbar spine showed pain with toe walking, tenderness to palpation with spasms at the lumbar paraspinal muscles and over the lumbosacral junction, decreased range of motion. The physical examination of the right hip showed tenderness to palpation at the right trochanter, decreased range of motion, slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally, and decreased motor strength in the lower extremities. The treatment plan included the prescription for medications. It was noted that the injured worker was to return to her regular work duties on 04-23-2015, with no limitations or restrictions. She has not yet reached maximum medical improvement and therefore was not considered permanent and stationary at that time. The treating physician requested Tabradol oral suspension, Dicopanor oral suspension, and Deprizine oral suspension (date of service: 05-21-2015).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Tabradol 1mg/ml oral suspension 250ml (Date of service: 05/21/2015):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section Page(s): 41, 42, 63, 64.

**Decision rationale:** Tabradol is cyclobenzaprine in oral suspension. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. The use of cyclobenzaprine is only recommended as an option, using a short course of therapy with the greatest effect in the first 4 days of treatment. The injured worker has pain from an injury that occurred a year ago, and there is no indication in the history of an acute exacerbation that may benefit from the use of a muscle relaxant. The request for retrospective Tabradol 1mg/ml oral suspension 250ml (Date of service: 05/21/2015) is not medically necessary.

**Retrospective Deprizine 15mg/ml oral suspension 250ml (Date of service: 05/21/2015):**

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, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Deprizine contains ranitidine hydrochloride in an oral suspension. Ranitidine is an H2 receptor antagonist. The guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker has had or is at increased risk of a gastrointestinal event. The request for retrospective Deprizine 15mg/ml oral suspension 250ml (Date of service: 05/21/2015) is not medically necessary.

**Retrospective Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml (Date of service: 05/21/2015):** Upheld

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

**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 Section.

**Decision rationale:** MTUS guidelines do not address the use of Dicopanol. Per the ODG, Dicopanol is an oral suspension of diphenhydramine, which not recommended for the treatment of insomnia. It indicates that treating physician has prescribed this medication as a sleep aid for insomnia. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices have been utilized prior to utilizing a pharmacological sleep aid. The request for retrospective Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml (Date of service: 05/21/2015) is not medically necessary.