

Case Number:	CM15-0146294		
Date Assigned:	08/11/2015	Date of Injury:	02/24/2015
Decision Date:	09/11/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	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: Hawaii, California, Iowa

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 55 year old male, who sustained an industrial injury on 2-24-15. He reported pain in his head to the neck, pain in right shoulder and 2 fingers on right hand felt tingly after falling backwards. The injured worker was diagnosed as having cervical spine sprain-strain, cervical spine radiculopathy-radiculitis, labral tear of shoulder, cervical disc displacement, low back pain, headaches-cephalgia, thoracic spine pain, thoracic spine (HNP) herniated nucleus pulposus, thoracic spine sprain-strain, shoulder internal derangement, lumbar disc displacement (HNP) herniated nucleus pulposus, radiculitis of lower extremity and lumbar spine sprain-strain. Treatment to date has included acupuncture and a cervical collar. (CT) computerized tomography scan of the cervical spine performed on 5-15-15 revealed anterior fusion at C4-5, C5-6 and C6-7; posterior disc bulge at C4-5, C5-6 and C6-7 and degenerative disc with posterior disc -osteophyte complex bulge at C7-T1. (CT) computerized tomography scan of the lumbar spine performed on 5-15-15 revealed T12-L1 and L1-L2 degenerated disc, L2-3 and L3-4 disc bulge, L4-5 desiccated disc and L5-S1 severe hypertrophic facet degenerative changes. An unremarkable (CT) computerized tomography scan of the right shoulder was performed on 5-12-15. He is temporarily totally disabled. Currently on 6-5-15, the injured worker complains of sharp, throbbing headaches localized in the temporal region, described as constant, moderate to severe and rated 6 out of 10; sharp, constant moderate to severe stabbing neck pain and muscle spasms rated 7-8 out of 10, associated with numbness and tingling of bilateral upper extremities; sharp, constant moderate to severe burning left shoulder pain radiating down the arm to the fingers associated with muscle spasms and rated 8 out of 10; sharp, stabbing mid back pain and muscle spasms rated 7 out of 10 and constant moderate to severe sharp, stabbing

low back pain and muscle spasms rated 7 out of 10 and associated with numbness and tingling of the bilateral lower extremities. He notes the medications offer temporary relief of pain and improve his ability to have restful sleep. Physical exam performed on 6-5-15 revealed tenderness to palpation at the occiputs, trapezius, sternocleidomastoid and levator scapula muscles with restricted cervical range of motion; right shoulder exam revealed tenderness at the insertion of the infra and supraspinatus muscle with tenderness of palpation at the AC joint with restricted range of motion; exam of the thoracic spine revealed palpable tenderness with spasms over the bilateral thoracic paraspinals with restricted thoracic range of motion and lumbar exam revealed bilateral lumbar paraspinal muscle guarding and spinous processes of L2-5 tender to palpation with restricted range of motion. The treatment plan included cervical epidural steroid injections, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen, physical therapy and shock-wave treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 non-steroidal anti-inflammatory drugs (NSAIDs) gastrointestinal symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Deprizine (Ranitidine) oral suspension is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastro-esophageal reflux (GERD). Ranitidine works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to prevent and treat ulcers in the duodenum (where most ulcers develop) and the stomach. Deprizine oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill-tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill-tablet form. Medical necessity of the Deprizine (Ranitidine) oral suspension has not been established. The requested medication is not medically necessary.

Dicopanol: 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 Official Disability Guidelines (ODG) Chronic Pain, insomnia and Other Medical Treatment Guidelines UpToDate.

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." There is some documentation indicating the patient has sleep disturbance. Medical records reviewed does not address "(a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning" as recommended by guidelines. Additionally, Dicopanol is generally for use in patients for whom taking the pill-tablet form of the medication is either impractical or unsafe. In this case, there was no documentation in the medical records of any conditions that would preclude the use of medications in their pill-tablet form. Medical necessity for the requested oral suspension medication was not established. The requested medication was not medically necessary.

Fanatrex: 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): 16-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin.

Decision rationale: According to the CA MTUS (2009) and ODG, Fanatrex oral suspension (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. Oral suspensions of medications are generally for use in patients for whom taking the pill-tablet form of the medication is either impractical or unsafe. There is documentation of lower extremity neuropathy. However, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill-tablet form. Medical necessity for the requested medication, Fanatrex 25mg-ml oral suspension, has not been established. The requested medication is not medically necessary.

Synapryn: 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 Opioids Page(s): 74-96.

Decision rationale: Synapryn is the liquid version of tramadol that also contains glucosamine and tramadol. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treating physician did not provide sufficient documentation that the patient has failed her trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Synapryn prior to the initiation of this medication. It is unclear if the injured worker has received this medication in the past. An oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines do not specifically address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill-tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill-tablet form. Medical necessity for the requested Synapryn 10mg-1 ml Oral Suspension has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Tabradol: 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 Page(s): 41-42.

Decision rationale: According to the reviewed literature, Tabradol (Cyclobenzaprine) oral suspension is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, it is unclear if the injured worker is currently receiving this medication. There is no documentation of functional improvement from any previous use of this medication. Tabradol oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill-tablet form. Based on the currently available information, the medical necessity for Tabradol 1mg-ml Oral Suspension has not been established. The requested medication is not medically necessary.