

Case Number:	CM15-0024162		
Date Assigned:	02/13/2015	Date of Injury:	10/23/2012
Decision Date:	04/09/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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 is a 65-year-old female, who sustained an industrial injury on 10/23/2012, from cumulative trauma while working as a customer service representative. The diagnoses have included bilateral elbow lateral epicondylitis, bilateral wrist tenosynovitis, and chronic pain syndrome. Treatment to date has included surgical (right ulnar nerve release 7/24/2013, left ulnar release 10/09/2013) and conservative measures. Electromyogram/Nerve conduction studies of the bilateral upper extremities (8/12/2014) were consistent with mild carpal tunnel syndrome. Currently, the injured worker complains of bilateral elbow, wrist, and hand pain. She reported wrist pain radiated to the hands and fingers, and was accompanied by numbness, tingling, and weakness. She also reported anxiety and sleep loss due to pain. Physical exam noted tenderness to the bilateral elbows, tenderness to bilateral forearms with muscle spasm of the dorsal and volar forearms, and tenderness to bilateral wrists, with muscle spasm of the forearms. Phalen's test and Finkelstein's test caused pain bilaterally. Current medication regime was not noted. On 1/21/2015, Utilization Review non-certified a request for Tabradol 1mg/ml oral suspension 250ml, non-certified a request for Deprizine 15mg/ml oral suspension 250ml, non-certified a request for Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml, and non-certified a request for Fanatrex (gabapentin) 25mg/ml oral suspension 420ml, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 64.

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

Decision rationale: This patient presents with bilateral elbow, bilateral wrist, and bilateral hand pain. The patient is status post left knee surgery from 2012, status post right ulnar nerve release from July 24, 2013, and status post left ulnar nerve release October 9, 2013. The treater is requesting TABRADOL 1 MG/ML 250 ML. The RFA dated 09/15/2014 note, "please see attached page 1 to this RFA." The patient's date of injury is from 10/23/2012 and she is currently off work. Tabradol is an oral suspension containing cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients. Tabradol is reported to contain MSM, MSM is not FDA approved for medical treatment of any condition. The MTUS guidelines under MSM redirects the reader to DMSO for treatment of a regional inflammatory reaction with CRPS. The patient does not have CRPS. The MTUS guidelines page 64 on cyclobenzaprine also states that cyclobenzaprine is not recommended to be added to other agents. The records do not show a history of Tabradol use. The treater does not explain why the patient must use an oral solution. In this case, the MTUS Guidelines do not support the addition of cyclobenzaprine to other agents. The request IS NOT medically necessary.

Deprizine 15mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symotoms & cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with bilateral elbow, bilateral wrist, and bilateral hand pain. The patient is status post left knee surgery from 2012, status post right ulnar nerve release from July 24, 2013, and status post left ulnar nerve release October 9, 2013. The treater is requesting DEPRAZINE 15 MG/ML 250 ML. The RFA dated 09/15/2014 notes, "please see attached page 1 to this RFA." The patient's date of injury is from 10/23/2012 and she is currently off work. Deprizine is ranitidine -Zantac, H2-receptor antagonist mixed with other proprietary ingredients in an oral suspension. The MTUS Guidelines page 68 and 69 on NSAIDS, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: 1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; 3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4- high dose/multiple NSAID e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-

receptor antagonists or a PPI."The records do not show a history of Deprazine use. None of the reports from 06/16/2014 to 01/21/2014 document gastrointestinal events. The treater does not explain why the patient must use an oral solution. In this case, the patient does not meet the required criteria based on the MTUS guidelines for the use of this medication. The request IS NOT medically necessary.

Diphenhydramine 5mg/ml 15ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental stress chapter on insomnia treatment.

Decision rationale: This patient presents with bilateral elbow, bilateral wrist, and bilateral hand pain. The patient is status post left knee surgery from 2012, status post right ulnar nerve release from July 24, 2013, and status post left ulnar nerve release October 9, 2013. The treater is requesting DIPHENHYDRAMINE 5 MG/ML 15 ML. The RFA dated 09/15/2014 note, "please see attached page 1 to this RFA." The patient's date of injury is from 10/23/2012 and she is currently off work. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the mental stress chapter on insomnia treatment states, "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 mental illness." Under the sedating antihistamine, primary over-the-counter medication, it states that sedating antihistamines have been suggested for sleep aids including Benadryl. Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. The records do not show a history of diphenhydramine use. The treater does not discuss why this medication is being prescribed to this patient. The patient does not have a history of insomnia. In this case, the patient does not meet the ODG guidelines for diphenhydramine use. The request IS NOT medically necessary.

Gabapentin 25mg/ml 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) gabapentin Page(s): 18-19.

Decision rationale: This patient presents with bilateral elbow, bilateral wrist, and bilateral hand pain. The patient is status post left knee surgery from 2012, status post right ulnar nerve release from July 24, 2013, and status post left ulnar nerve release October 9, 2013. The treater is requesting GABAPENTIN 25 MG/ML 420 ML. The RFA dated 09/15/2014 notes, "please see attached page 1 to this RFA." The patient's date of injury is from 10/23/2012 and she is currently off work. The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to

be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. The records do not show a history of gabapentin use. The treater does not explain why the patient must use an oral solution. In this case, the patient does not present with neuropathic pain and the request for oral solution gabapentin is not warranted. The request IS NOT medically necessary.