MAXIMUS Federal Services

Case Number:	CM15-0025952		
Date Assigned:	02/18/2015	Date of Injury:	03/03/2014
Decision Date:	05/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/11/2015

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:

This 46 year old female sustained an industrial injury to the neck, bilateral shoulders and bilateral upper extremities on 3/3/14. Previous treatment included acupuncture, medications, physical therapy, magnetic resonance imaging and electromyography/nerve conduction velocity test. In an orthopedic consultation PR-2 dated 12/26/14, the injured worker complained of bilateral shoulder pain rated 6/10 on the visual analog scale with radiation down the arms to the fingers, associated with muscle spasms as well as bilateral wrist pain with spasm. Current diagnoses included bilateral shoulder internal derangement, rule out bilateral shoulder rotator cuff tear, bilateral wrist tenosynovitis and rule out bilateral carpal tunnel syndrome. The treatment plan included physical therapy and chiropractic therapy three times a week for six weeks and medications (Deprizine, Dicopanol, Fanatrex, Tabradol, Cyclobenzaprine, Ketoprofen cream and Synapryn).

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): 63-64.

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

Decision rationale: The patient presents with bilateral shoulder pain radiating down the arms and fingers and bilateral wrist pain. The physician is requesting TABRADOL 1 MG/ML 250 ML. The RFA was not made available for review. The patient's date of injury is from 03/03/2014 and she is currently on modified duty. 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 redirect the reader to DMSO for treatment of a regional inflammatory reaction with CRPS. The patient does not have CRPS. Tabradol would not be recommended under MTUS criteria. MTUS also states, under cyclobenzaprine, that it is not recommended to add cyclobenzaprine to other agents. The records show that the patient was prescribed Tabradol on 09/30/2014. The 12/23/2014 progress report states that the patient's symptoms persist but the medications do offer her temporary relief of pain and improved her ability to have restful sleep. She denies any problems with the medications. The physician does not explain why the patient is using 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 Non steroid anti-inflammatory drugs (NSAIDS), GI Symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: The patient presents with bilateral shoulder pain radiating down the arms and fingers and bilateral wrist pain. The physician is requesting Deprizine 15 MG/ML 250 ML. The RFA was not made available for review. The patient's date of injury is from 03/03/2014 and she is currently on modified duty. 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 show that the patient was prescribed on Deprizine on 09/30/2014. None of the reports from 07/09/2014 to 12/23/2014 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.

Dicopanol 5mg/ml 150ml: 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 shoulder pain radiating down the arms and fingers and bilateral wrist pain. The physician is requesting Dicopanol 5 MG/ML 150 ML. The RFA was not made available for review. The patient's date of injury is from 03/03/2014 and she is currently on modified duty.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 show that the patient was prescribed Dicopanol on 09/30/2014. The physician does not discuss why this medication is being prescribed to this patient. The patient does not have any history of insomnia. In this case, the patient does not meet the ODG Guidelines for Dicopanol use. The request IS NOT medically necessary.