

Case Number:	CM15-0034192		
Date Assigned:	03/02/2015	Date of Injury:	12/08/2013
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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, 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 female patient, who sustained an industrial injury on 12/08/2013. A procedure report dated 12/01/2014 described the patient undergoing extracorporeal shockwave procedure. She has had prior extensive conservative treatment to the neck consisting of physical and manipulating therapy, acupuncture, injections and prescribed medications. She continues to encounter significant residual symptom. A primary treating office visit dated 12/19/2014 reported subjective complaint of burning, radicular neck pain. The pain is described as constant, moderate to severe pain that is aggravated with gripping, grasping, reaching, pulling and or lifting. She also complains of burning low back pain, burning right knee pain and right foot pain. The following diagnoses area applied; cervical spine pain; cervical spine strain/sprain; wrist pain; thoracic spine strain/sprain; low back pain; lumbar spine strain/sprain; radiculitis, lower extremity; lumbar spine degenerative disc disease; lumbar disc displacement, herniated nucleus pulpus; right knee strain/sprain; right knee later meniscus tear; right knee internal derangement, Baker's cyst and osteoarthritis. A request was made for the following; Dicopanol 5MG, Fenatrx and Deprizine oral suspension. On 01/29/2015, Utilization Review, non-certified the request, noting the Ca MTUS, Chronic Pain Guidelines, Pages 68-69, NSAIDS, gastrointestinal symptom, Gabapentin and ODG, Mental Illness & Stress, Benadryl were cited. On 02/24/2015, the injured worker submitted an application for independent medical review of services requested.

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 QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Diphenhydramine (Benadryl).

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 treatment and Other Medical Treatment Guidelines
<http://www.drugs.com/pro/dicopanol.html>.

Decision rationale: Regarding the request for Dicopanol, Dicopanol contains active and inactive bulk materials to compound a diphenhydramine hydrochloride oral suspension. California MTUS guidelines are silent. ODG states 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. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to treatment with Dicopanol. Finally, there is no indication that Dicopanol is being used for short term use and the documentation does not identify why a compounding kit is needed rather than the standard oral capsule form of this medication. In the absence of such documentation, the currently requested Dicopanol is not medically necessary.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation
<http://www.drugs.com/pro/deprizine.html>.

Decision rationale: Regarding the request for Deprizine, Deprizine contains active and inactive bulk materials to compound a ranitidine hydrochloride oral suspension. California MTUS states that H2 blockers are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Additionally, the documentation does not identify why a compounding kit is needed rather than the standard oral tablet form of this medication. In light of the above issues, the currently requested Deprizine is not medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fanatrex.html>.

Decision rationale: Regarding the requested for Fanatrex, Fanatrex contains active and inactive bulk materials to prepare 420 mL of a gabapentin oral suspension containing 25 mg/mL gabapentin. Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and no documentation of specific objective functional improvement. Additionally, the documentation does not identify why a compounding kit is needed rather than the standard oral capsule form of this medication. In the absence of such documentation, the currently requested Fanatrex is not medically necessary.