

Case Number:	CM15-0034294		
Date Assigned:	03/02/2015	Date of Injury:	05/12/2014
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 49-year-old female, who sustained an industrial injury on May 12, 2014. The injured worker has reported injuries to the neck and low back. The diagnoses have included cervical spine radiculopathy, cervical disc displacement, cervical sprain/strain, low back pain and radiculitis of the lower extremity. Treatment to date has included medication, physical therapy, shockwave treatment and a pain management specialist. Current documentation dated December 29, 2014 notes that the injured worker complained of cervical, thoracic and lumbar spine pain. The pain was rated a six out of ten on the Visual Analogue Scale. Examination of the lumbar and cervical spine revealed tenderness of the paraspinal muscles. On January 21, 2105 Utilization Review non-certified a request for Dicopanol 5 mg/ml oral suspension 150 ml, Fanatrex 25mg/ml oral suspension 420 ml #1 and Deprizine 15 mg/ml oral suspension 250ml #1. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg/ml oral suspension 150ml 1ml po at bedtime #1: 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.

Decision rationale: MTUS is silent on the use of Dicopanol (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." The medical documentation provided does not indicate why this patient is unable to tolerate the pill form of this medication. As such, the request for Dicopanol 5mg/ml oral suspension 150ml 1ml po at bedtime #1 is not medically necessary.

Fanatrex (gabapentin) 25mg/ml oral suspension 420ml 1tsp.tid for pain #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The treating physician has not provided documentation as to why this patient is unable to tolerate the pill form of this medication. As such, the request

for Fanatrex (gabapentin) 25mg/ml oral suspension 420 ml 1 tsp. tid for pain #1 is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml 2 tsp. OD for GI pain #1: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Deprizine contains ranitidine and other proprietary ingredients. Ranitidine is an H2 blocker and like a PPI can be utilized to treat dyspepsia secondary to NSAID therapy. MTUS 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)." MTUS also states that, "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, treatment of dyspepsia secondary to NSAID therapy or other GI risk factors as outlined in MTUS. Additionally, the treating physician has not provided documentation as to why this patient is unable to tolerate the pill form of this medication. As such, the request for Deprizine 15mg/ml oral suspension 250ml 2 tsp. OD for GI pain #1 is not medically necessary.