

Case Number:	CM15-0046787		
Date Assigned:	03/19/2015	Date of Injury:	09/23/2012
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/11/2015

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:

The 37 year old female injured worker suffered an industrial injury on. The diagnoses were cervical and lumbar spine sprain/strain with radiculopathy, bilateral wrist/hand sprain/strain, and bilateral knee/ and left foot/ankle sprain/strain. The diagnostic studies were cervical lumbar, right and left knee, left foot and ankle, left and right wrist/hand magnetic resonance imagings. The treatments were The treating provider reported burning radicular neck pain 7/10 and muscle spasms with numbness and tingling of the upper extremities, burning bilateral wrist and hand pain 7/10 with weakness, numbness, tingling radiating to the hands and fingers, radicular low back pain 7/10 with spasms with numbness and tingling of the lower extremities, bilateral knee pain 7/10 with muscle spasms radiating to numbness, tingling and pain radiating to the feet. The requested treatments were: 1. Retro Daprizine 15mg/ml oral suspension 250ml; 2. Retro Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml; 3. Retro Fanatrex (Gabapentin) 25 mg/ml oral suspension 420ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

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

Decision rationale: The patient was injured on 09/23/12 and presents with burning, radicular neck pain and muscle spasm. The retrospective request is for deprizine 15 mg/ml oral suspension 250 ml. There is no RFA provided and the patient is on a modified work on 01/08/15. She has been taking this medication as early as 09/24/14. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. As of 01/08/15, the patient is taking Dicopanol, Fanatrex, Synapryn, Tabradol, and Cyclobenzaprine. The patient has been taking Deprizine as early as 09/24/14. In this case, there is no discussion regarding what this medication is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Furthermore, Deprizine contains ranitidine and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. In addition, the treating physician provides no discussion as to why oral suspensions are being requested. Given the lack of discussion as to this medication's efficacy and lack of rationale for its use, the requested Deprizine IS NOT medically necessary.

Retro Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 02/09/15) Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter, insomnia treatment.

Decision rationale: The patient was injured on 09/23/12 and presents with burning, radicular neck pain and muscle spasm. The retrospective request is for Dicopanol 5 mg/ml oral suspension 150 ml. There is no RFA provided and the patient is on a modified work on 01/08/15. She has been taking this medication as early as 09/24/14. ODG-TWC, Mental Illness & Stress Chapter states: "(4) Over-the-counter medications: 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." In this case, the patient has been diagnosed with a sleep disorder. The 09/24/14 report states that the patient has been feeling "anxiety, stress and depression due to inability to work and perform the normal day

to day tasks of living. She also complains of having difficulty sleeping and is often awoken at night due to the pain." Dicopanor contains diphenhydramine, an anti-histamine. ODG states that tolerance develops within a few days and long-term use is not supported. In this case there is no long term support for Dicopanor usage and the treating physician has not stated that this medication for short term usage. The patient has been taking Dicopanor since 09/24/14. Furthermore, Dicopanor contains diphenhydramine and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. In addition, the treating physician provides no discussion as to why oral suspensions are being requested. Therefore, this requested Dicopanor IS NOT medically necessary.

Retro Fanatrex (Gabapentin) 25 mg/ml oral suspension 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 09/23/12 and presents with burning, radicular neck pain and muscle spasm. The retrospective request is for Fanatrex 25 mg/ml oral suspension 420 ml. There is no RFA provided and the patient is on a modified work on 01/08/15. She has been taking this medication as early as 09/24/14. MTUS has the following regarding Gabapentin on page 18-19: "Gabapentin (Neurontin, Gabarone, generic available) 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." In this case, the patient has been taking this medication since 09/24/14. The treater does not discuss efficacy. There is no discussion as to how this medication has been helpful with pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, Fanatrex contains gabapentin and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. In addition, the treating physician provides no discussion as to why oral suspensions are being requested. The requested Fanatrex IS NOT medically necessary.