

Case Number:	CM15-0052850		
Date Assigned:	03/26/2015	Date of Injury:	01/02/2013
Decision Date:	05/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/20/2015

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 46-year-old female who reported an injury on 01/02/2013. The mechanism of injury was not specifically stated. The current diagnoses include headache, visual disturbance, cervical sprain, cervical disc displacement, rule out cervical radiculitis, left shoulder tendinitis, rule out left shoulder internal derangement, low back pain, lumbar sprain, rule out lumbar disc displacement, rule out lumbar radiculopathy, anxiety disorder and mood disorder. The injured worker presented on 01/09/2015 for a follow-up evaluation with complaints of sharp headaches, visual disturbance, 7/10 constant pain in the neck and low back, abdominal pain and discomfort, stress, anxiety, insomnia and depression. Upon examination there was no acute distress noted. The neurological examination was deferred to a specialist. There was an abnormal pupillary reflex in the left eye. The injured worker had 2+ tenderness at the suboccipital, scalene, and sternocleidomastoid muscles. Range of motion of the cervical spine was limited. Cervical distraction test was positive bilaterally. Examination of the left shoulder revealed tenderness to palpation at the rotator cuff tendon attachment site, limited range of motion and positive supraspinatus test. Sensation to pinprick and light touch was intact. There was decreased motor strength in the bilateral lower extremities and 2+ deep tendon reflexes. Examination of the lumbar spine revealed tenderness to palpation, paraspinal muscle guarding, limited range of motion, positive straight leg raise bilaterally at 60 degrees, decreased motor strength in the bilateral lower extremities and slightly decreased sensation on the right. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (Gabapentin) 25mg/ml oral suspension 420 m. tsp times daily: Upheld

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

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

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and post-herpetic neuralgia. It is also considered first line treatment for neuropathic pain. The medical necessity for gabapentin with other proprietary ingredients has not been established. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

Dicopanol 5 mg/ml oral suspension 150 mg take 1 m.at bedtime: 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)-pain, insomnia treatment.

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 Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the clinical notes submitted, there is no indication of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no indication that this injured worker cannot safely swallow pills or capsules. The medical necessity has not been established. As such, the request is not medically necessary.

Tabradol 1 mg/ml oral suspension 250 ml 1 tsp 2-3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

Deprizine 15 mg/ml oral suspension 250 ml take 2 tsp 10 ml once daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

Synapryn 10 mg/1ml oral suspension 500 ml 1 tsp 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, weaning of medications Page(s): 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there was no evidence of a failure of non-opioid analgesics. There was no documentation of a written consent or agreement for the chronic use of an opioid. Recent urine toxicology reports were not provided. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.