MAXIMUS Federal Services

Case Number:	CM15-0053424		
Date Assigned:	03/26/2015	Date of Injury:	07/21/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
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: Emergency 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 36-year-old female, who sustained an industrial injury on July 21, 2011. She reported injuries to the thoracolumbar spine and lateral aspect of the right elbow. The injured worker was diagnosed as having right shoulder impingement syndrome, right elbow medial epicondylitis, right wrist pain, lumbar spine sprain/strain, and lumbar radiculopathy. Treatment to date has included x-rays, bracing, chiropractic therapy, physical therapy, work and activity modifications, right elbow steroid injection, heat/cold, and medications including muscle relaxant and non-steroidal anti-inflammatory. On July 17, 2014, the injured worker complains of constant, burning pain of the right shoulder. She has constant, burning pain of the right elbow and wrist with muscle spasms. Associated symptoms include numbness, tingling, weakness, and pain radiating to the hand and fingers. She has constant, burning pain of the low back radiating down the right leg. Associated symptoms include numbness and tingling in the bilateral lower extremities. The physical exam revealed tenderness supraspinatus muscles and decreased range of motion of the right shoulder. The right elbow had tenderness over the medial and lateral epicondyle of the right elbow and decreased range of motion. The right wrist had tenderness over the carpal bones, the thenar, thenar eminence, and carpometacarpal (CMC) joint with decreased range of motion. There was slightly diminished sensation over the right upper extremity cervical 5, cervical 6, cervical 7, C8, and thoracic 1 dermatomes, decreased motor strength in all muscle groups of bilateral upper extremities, and normal deep tendon reflexes in the bilateral upper extremities. There was tenderness at the lumbar paraspinal and gluteus muscles, decreased lumbar range of motion, slightly diminished sensation at the bilateral lumbar

4, lumbar 5, and sacral 1 dermatomes, normal muscle strength and deep tendon reflexes in the bilateral lower extremities. The treatment plan includes anti-epilepsy, sedating antihistamine, and non-steroidal anti-inflammatory medications.

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 99070: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (chronic), Medications -compounded.

Decision rationale: The requested DICOPANOL (DIPHENHYDRAMINE) 5MG/ML ORAL SUSPENSION 150ML # 1 99070, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has constant, burning pain of the right shoulder. She has constant, burning pain of the right elbow and wrist with muscle spasms. Associated symptoms include numbness, tingling, weakness, and pain radiating to the hand and fingers. She has constant, burning pain of the low back radiating down the right leg. Associated symptoms include numbness and tingling in the bilateral lower extremities. The physical exam revealed tenderness supraspinatus muscles and decreased range of motion of the right shoulder. The right elbow had tenderness over the medial and lateral epicondyle of the right elbow and decreased range of motion. The right wrist had tenderness over the carpal bones, the thenar, thenar eminence, and carpometacarpal (CMC) joint with decreased range of motion. There was slightly diminished sensation over the right upper extremity cervical 5, cervical 6, cervical 7, C8, and thoracic 1 dermatomes, decreased motor strength in all muscle groups of bilateral upper extremities, and normal deep tendon reflexes in the bilateral upper extremities. There was tenderness at the lumbar paraspinal and gluteus muscles, decreased lumbar range of motion, slightly diminished sensation at the bilateral lumbar 4, lumbar 5, and sacral 1 dermatomes, normal muscle strength and deep tendon reflexes in the bilateral lower extremities. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, DICOPANOL (DIPHENHYDRAMINE) 5MG/ML ORAL SUSPENSION 150ML # 1 99070 is not medically necessary.

FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION 420ML #1 99070: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (chronic), Medications -compounded.

Decision rationale: The requested FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION 420ML #1 99070, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has constant, burning pain of the right shoulder. She has constant, burning pain of the right elbow and wrist with muscle spasms. Associated symptoms include numbness, tingling, weakness, and pain radiating to the hand and fingers. She has constant, burning pain of the low back radiating down the right leg. Associated symptoms include numbness and tingling in the bilateral lower extremities. The physical exam revealed tenderness supraspinatus muscles and decreased range of motion of the right shoulder. The right elbow had tenderness over the medial and lateral epicondyle of the right elbow and decreased range of motion. The right wrist had tenderness over the carpal bones, the thenar, thenar eminence, and carpometacarpal (CMC) joint with decreased range of motion. There was slightly diminished sensation over the right upper extremity cervical 5, cervical 6, cervical 7, C8, and thoracic 1 dermatomes, decreased motor strength in all muscle groups of bilateral upper extremities, and normal deep tendon reflexes in the bilateral upper extremities. There was tenderness at the lumbar paraspinal and gluteus muscles, decreased lumbar range of motion, slightly diminished sensation at the bilateral lumbar 4, lumbar 5, and sacral 1 dermatomes, normal muscle strength and deep tendon reflexes in the bilateral lower extremities. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, FANATREX (GABAPENTIN) 25MG/ML ORAL SUSPENSION 420ML #1 99070 is not medically necessary.

DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML #1 99070: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (chronic), Medications -compounded.

Decision rationale: CA MTUS 2009 ACOEM is silent on this issue. Official Disability Guidelines (ODG) - Pain (chronic), Medications - compounded, do not recommend compounded medications as there is no clear evidence "about whether compounding medications are more efficacious than the single medication." The injured worker has constant, burning pain of the right shoulder. She has constant, burning pain of the right elbow and wrist with muscle spasms. Associated symptoms include numbness, tingling, weakness, and pain radiating to the hand and fingers. She has constant, burning pain of the low back radiating down the right leg. Associated

symptoms include numbness and tingling in the bilateral lower extremities. The physical exam revealed tenderness supraspinatus muscles and decreased range of motion of the right shoulder. The right elbow had tenderness over the medial and lateral epicondyle of the right elbow and decreased range of motion. The right wrist had tenderness over the carpal bones, the thenar, thenar eminence, and carpometacarpal (CMC) joint with decreased range of motion. There was slightly diminished sensation over the right upper extremity cervical 5, cervical 6, cervical 7, C8, and thoracic 1 dermatomes, decreased motor strength in all muscle groups of bilateral upper extremities, and normal deep tendon reflexes in the bilateral upper extremities. There was tenderness at the lumbar paraspinal and gluteus muscles, decreased lumbar range of motion, slightly diminished sensation at the bilateral lumbar 4, lumbar 5, and sacral 1 dermatomes, normal muscle strength and deep tendon reflexes in the bilateral lower extremities. The treating physician has not documented the medical necessity for compounded medications over single medications, nor failed trials of the constituent ingredient single medications. The criteria noted above not having been met, DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML #1 99070 is not medically necessary.