

Case Number:	CM15-0055730		
Date Assigned:	04/01/2015	Date of Injury:	02/03/2009
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56 year old female who sustained a work related injury February 3, 2009. Past history includes s/p right shoulder arthroscopy, s/p right carpal tunnel release. According to a primary treating physician's progress report, dated January 28, 2015, the injured worker presented with complaints of sharp, stabbing neck pain, described as frequent to constant, moderate to severe, rated 6-7/10, with numbness and tingling of the bilateral upper extremities. She also complains of right shoulder pain, bilateral elbow pain, right wrist pain, mid back pain, right groin pain with abdominal discomfort, bilateral knee pain, and right ankle pain with swelling. Diagnoses includes cervical disc displacement with radiculopathy; lumbar spine disc displacement with radiculopathy; bilateral knee internal derangement r/o bilateral medial meniscal tear; chondromalacia patellae, right knee; bilateral ankle sprain/strain, rule out joint derangement. Treatment plan included request for authorization of medications, awaiting electrodiagnostic studies, orthopedic and pain management consultations, and discussion regarding medication usage.

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 420ml take 1 tsp 3 times a day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

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

Decision rationale: Fanatrex (gabapentin and other ingredients) is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted and reviewed records indicated the worker was experiencing problems sleeping and pain in the neck that went into the arms with numbness and tingling, both shoulders, the right wrist, both elbows, the mid and lower back, right groin and abdomen, both knees, and both ankles. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. Further, there was no indication what additional ingredients were contained in this medication or discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 420mL of Fanatrex (gabapentin and other ingredients) 25mg/mL with one refill taken 1tsp orally three times daily is not medically necessary.

Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml 1 ml by mouth at bedtime #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diphenhydramine: Drug information.

Decision rationale: Dicopanol (diphenhydramine and other ingredients) is a medication in the first-generation antihistamine drug class. The MTUS Guidelines are silent on this issue. Diphenhydramine is FDA-approved in the treatment of allergic reactions, cough, occasional insomnia, parkinsonism, sneezing due to the common cold, and to prevent motion sickness. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. The submitted and reviewed documentation reported this medication was recommended to improve the worker's sleep. There was no documented sleep assessment containing any of the elements recommended by the literature, trial of behavioral intervention, or description of benefit with the use of this medication. Diphenhydramine is not FDA-approved for the treatment of sleep problems, and there was no indication what additional ingredients were contained in this medication. Further, there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 150mL of Dicopanol (diphenhydramine and other ingredients) 5mg/mL oral suspension with one refill taken 1mL orally at bedtime is not medically necessary.