

Case Number:	CM15-0057910		
Date Assigned:	04/02/2015	Date of Injury:	12/04/2013
Decision Date:	05/08/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/26/2015

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 34 year old female, who sustained an industrial injury on December 4, 2013. She reported neck pain, left shoulder and left wrist pain. The injured worker was diagnosed as having cervical spine strain/sprain, left shoulder sprain/strain, left elbow sprain/strain, rule out left elbow medial lateral epicondylitis, left wrist De Quervain's tenosynovitis, rule out left wrist carpal tunnel syndrome and rule out carpometacarpal joint arthritis. Treatment to date has included radiographic imaging, diagnostic studies, shoulder arthroscopic surgery, physical therapy, medications and work restrictions. Currently, the injured worker complains of neck pain, left shoulder pain and bilateral upper extremity pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She reported feeling pain when picking up a child at work. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 20, 2015, revealed continued pain. Medications were adjusted and renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (Diphenhydramine) 5mg/ml, 150ml Oral Suspension, 1ml by mouth at bedtime, may increase as tolerated to a max of 5ml for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 Pain Chapter under Insomnia has the following regarding anti-Histamine for insomnia.

Decision rationale: The patient presents with radicular neck pain as well as left shoulder and bilateral upper extremity pain rated 7-8/10. The request is for DICOPANOL (DIPHENHYDRAMINE) 5MG/ML, 150ML ORAL SUSPENSION, 1ML BY MOUTH AT BEDTIME, MAY INCREASE AS TOLERATED TO A MAX OF 5ML FOR INSOMNIA. The RFA provided is dated 12/09/14. Patient's diagnosis included cervical spine strain/sprain, left shoulder sprain/strain, left elbow sprain/strain, rule out left elbow medial lateral epicondylitis, left wrist De Quervain's tenosynovitis, rule out left wrist carpal tunnel syndrome and rule out carpometacarpal joint arthritis. Patient is temporarily totally disabled. The MTUS, ACOEM, and ODG guidelines do not discuss Dicopanol. ODG-TWC, Pain Chapter under Insomnia has the following regarding anti-Histamine for insomnia: "(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." ODG states that tolerance develops within a few days and long-term use is not supported. Dicopanol is being prescribed for insomnia secondary to pain. This prescription was first mentioned in the progress report dated 08/21/14 and the patient has been utilizing it consistently at least since then. There is no discussion of efficacy provided. Furthermore, long-term use is not supported by guidelines, since tolerance develops within a few days. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Fanatrex (Gabapentin) 25mg/ml, 420ml Oral Suspension, 1 Teaspoon (5ml) 3 times daily:
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 Antiepilepsy drugs (AEDs); Gabapentin Page(s): 18-19.

Decision rationale: The patient presents with radicular neck pain as well as left shoulder and bilateral upper extremity pain rated 7-8/10. The request is for FANATREX (GABAPENTIN) 25MG/ML, 420ML ORAL SUSPENSION, 1 TEASPOON (5ML) 3 TIMES DAILY. The RFA provided is dated 12/09/14. Patient's diagnosis included cervical spine strain/sprain, left shoulder sprain/strain, left elbow sprain/strain, rule out left elbow medial lateral epicondylitis, left wrist De Quervain's tenosynovitis, rule out left wrist carpal tunnel syndrome and rule out carpometacarpal joint arthritis. Patient is temporarily totally disabled. Fanatrex contains

Gabapentin and other proprietary ingredients. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Fanatrex is being prescribed for chronic neuropathic pain. This prescription has been mentioned in the progress report dated 08/21/14 and the patient has been utilizing it consistently at least since then. This patient does present with cervical radiculopathy, for which Gabapentin would be indicated; however, other than the general statement that the medications do offer her temporally relief of pain and improve her ability to have restful sleep there is no other detailed documentation that this medication has been helpful with the patient's neuropathic pain. MTUS page 60 require recording of pain and function with medications used for chronic pain. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Deprizine 15mg/ml, 250mml Oral Suspension 2 teaspoons (10ml) every day: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with radicular neck pain as well as left shoulder and bilateral upper extremity pain rated 7-8/10. The request is for DEPRIZINE 15MG/ML, 250MML ORAL SUSPENSION 2 TEASPOONS (10ML) EVERY DAY. The RFA provided is dated 12/09/14. Patient's diagnosis included cervical spine strain/sprain, left shoulder sprain/strain, left elbow sprain/strain, rule out left elbow medial lateral epicondylitis, left wrist De Quervain's tenosynovitis, rule out left wrist carpal tunnel syndrome and rule out carpometacarpal joint arthritis. Patient is temporarily totally disabled. 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. Deprizine is being prescribed as a prophylaxis against gastric ulcer. This prescription has been mentioned in the progress report dated 08/21/14 and the patient has been utilizing it consistently at least since then. Progress notes do not indicate that this patient suffers from any significant GI complaints, nor is she currently taking high dose or multiple NSAIDs. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.