MAXIMUS Federal Services

Case Number:	CM15-0084816		
Date Assigned:	05/07/2015	Date of Injury:	08/25/2014
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/04/2015

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: Family Practice

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 51 year old male, who sustained an industrial injury on 08/25/2014. On provider visit dated 11/20/2014 the injured worker has reported neck pain associated with numbness and tingling of the bilateral upper extremities, right shoulder pain, right wrist and hand burning that radiated to the fingers and a low back pain. On examination the cervical spine revealed tenderness to palpation and well as in the right shoulder. Range of motion in the cervical spine and right shoulder were decreased. Right wrist tenderness was noted with a decreased range of motion. Lumbar spine was noted to have paraspinal muscle guarding and tenderness to palpation and a decreased range of motion. The diagnoses have included cervical spine sprain/strain, right shoulder sprain, strain rule out internal derangement, right wrist and hand pain, rule out right wrist carpal tunnel syndrome, pain in the right hand fingers, low back pain, lumbar spine sprain/strain and rule out lumbar radiculopathy. Treatment to date has included medication, therapy and lumbar spine brace. The provider requested Dicopanal (Diphenhydramine) 5 mg/ml oral suspension 150ml and Fanatrex (Gabapentin) 25 mg/ml oral suspension 420 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/dicopanol.html.

Decision rationale: According to drugs.com, Diphenhydramine is an antihistamine that reduces the effects of natural chemical histamine in the body. Diphenhydramine is used to treat sneezing, runny nose, watery eyes, hives, skin rash, itching, and other cold or allergy symptoms. Diphenhydramine is also used to treat motion sickness, to induce sleep, and to treat certain symptoms of Parkinson's disease. The injured worker is not diagnosed with conditions that would support this medication. In addition, per the cited references, this drug has not been found by FDA to be safe and effective. The request for Dicopanol (Diphenhydramine) 5 mg/ml oral suspension 150 ml is not medically necessary and appropriate.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21. Decision based on Non-MTUS Citation http://www.drugs.com/pro/fanatrex.html.

Decision rationale: Per drugs.com, Fanatrex is gabapentin 25 mg/mL, in oral suspension. While the oral formulation of gabapentin may be supported for injured workers with chronic neuropathic pain, the use of gabapentin in an oral suspension is not supported. Furthermore, per the referenced guidelines, this drug has not been found by FDA to be safe and effective. The request for Fanatrex (Gabapentin) 25 mg/ml oral suspension 420 ml is not medically necessary and appropriate.