MAXIMUS Federal Services

Case Number:	CM14-0118838		
Date Assigned:	09/16/2014	Date of Injury:	08/06/2001
Decision Date:	12/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/26/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68 years old male with an injury date of 08/06/01. Based on the 01/03/14 progress report, the patient complains of lower back pain, knee pain, and headaches. His lower back pain travels to his left leg. The patient also has radicular symptoms of the left lower extremity all the way down to his left heel. The 03/31/14 report states that the patient complains of burning, radicular lower back pain and muscle spasms radiating to the left leg which he rates as an 8/10. He has a burning left knee pain and muscle spasms which he rates as a 4/10. He is tender at the lumbar paraspinal muscles and lumbosacral junction. The patient has a decreased range of motion and a positive straight leg raise. In regards to the left knee, the patient has crepitus and tenderness to palpation at the medial joint line. His left knee also has a decreased range of motion, a positive squat, and a positive Apley's. The patient's diagnoses include the following:1.Lumbar disc displacement2.Radiculopathy, lumbar region3.Internal derangement of left kneeThe utilization review determination being challenged is dated 05/29/14. Treatment reports are provided from 12/11/13- 03/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml Oral Suspension 250ml, 10ml Once Daily: Upheld

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

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

Decision rationale: Based on the 03/31/14 report, the patient presents with burning, radicular lower back pain, muscle spasms radiating to the left leg, burning left knee pain, and muscle spasms. The request is for Deprizine 15 mg/ml Oral Suspension 250 ml, 10 ml once daily. The patient is currently taking Deprizine, Fanatrex, Synapryn, Dicopanol, and Tabradol. He has been taking Deprizine as early as 12/16/13. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is 68 years old but is not on oral NSAIDs to consider PPI or H2-receptor antagonists for prophylactic use, and treater has not documented GI assessment. Given the lack of documentation of continued need for this medication, the request is not medically necessary.

Fanatrex 25mg/ml Oral Suspension 420ml, 5ml (1 tsp) TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18,19.

Decision rationale: Based on the 03/31/14 report, the patient presents with burning, radicular lower back pain, muscle spasms radiating to the left leg, burning left knee pain, and muscle spasms. The request is for Fanatrex 25 mg/ml Oral Suspension 420 ml, 5 ml (1 tsp) TID.MTUS has the following regarding Gabapentin on page 18 and 19 "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Patient has been prescribed Fanatrex (Gabapentin) as early as 12/16/13. The treater does not discuss efficacy. There is no discussion as to how this medication has been helpful with pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, there is no documentation of neuropathic pain presented in patient. Request does not meet MTUS indications. The request is not medically necessary.

Synapryn 10mg/1 ml Oral Suspension 500ml, 5 ml (1tsp) 3 Times a Day as Directed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 76-78..

Decision rationale: Based on the 03/31/14 report, the patient presents with burning, radicular lower back pain, muscle spasms radiating to the left leg, burning left knee pain, and muscle spasms. The request is for Synapryn 10 mg/1 ml Oral Suspension 500 ml, 5 ml (1 tsp) 3 times a day as directed. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, treater has not stated how Synapryn (Tramadol and Glucosamine) reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Dicopanol 5mg/ml Oral Suspension 150ml, 1 ml PO at Bedtime: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Diphenhydramine (Benadryl) see Insomnia treatment

Decision rationale: Based on the 03/31/14 report, the patient presents with burning, radicular lower back pain, muscle spasms radiating to the left leg, burning left knee pain, and muscle spasms. The request is for Dicopanol 5 mg/ml Oral Suspension 150 ml, 1 ml PO at bedtime. ODG-TWC, Mental Illness & Stress Chapter states: "Diphenhydramine (Benadryl): See Insomnia treatment, where sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012) Insomnia treatment: (4) Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. This RCT determined that diphenhydramine has been shown to build tolerance against its sedation effectiveness very quickly, with placebo-like results after a third day of use. (Richardson, 2002) Due to adverse effects, the U.S. National Committee for Quality Assurance (NCQA) has included diphenhydramine in the HEDIS (Healthcare Effectiveness Data and Information) recommended list of high-risk medications to avoid in the elderly. (NCQA, 2012)"Patient has been prescribed Dicopanol as early as 12/16/13 and there is no discussion provided on insomnia. The request is not medically necessary.