MAXIMUS Federal Services

Case Number:	CM14-0144022		
Date Assigned:	09/12/2014	Date of Injury:	01/30/2014
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine, 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:

CLINICAL SUMMARY: The applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, knee pain, shoulder pain, headaches, wrist pain, foot pain, stress, anxiety, depression, and insomnia reportedly associated with an industrial injury of January 30, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; various dietary supplements, oral suspensions, and topical compounds; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report dated August 12, 2014, the claims administrator retrospectively denied a request for Dicopanol, Fanatrex, and Deprizine apparently dispensed on June 15, 2014.The applicant's attorney subsequently appealed. In a February 13, 2014 progress note, the applicant presented reporting multifocal bilateral knee, bilateral shoulder, bilateral elbow, bilateral wrist, and right shoulder pain with derivative complaints of psychological stress, anxiety, depression, and headaches. The applicant was placed off of work, on total temporary disability. Various dietary supplements, oral suspensions, and topical compounds were dispensed. MRI imaging of the right shoulder, left shoulder, right elbow, bilateral wrist, right knee, and bilateral feet were endorsed. Electrodiagnostic testing of the bilateral upper and bilateral lower extremities were also sought, along with physical therapy, acupuncture, extracorporeal shock wave therapy, and a functional capacity evaluation. On May 8, 2014, the applicant was again placed off of work, on total temporary disability. Prescriptions for Deprizine, Dicopanol, Fanatrex, Synapryn, and Tabradol were endorsed. On June 18, 2014, the applicant was again placed off of work, on total temporary disability, while Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, a cyclobenzaprine containing cream a ketoprofen containing cream were endorsed. The applicant remained frustrated, depressed, and in 7-8/10 multifocal pain, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DICOPANOL 9DIPHENHYDRAMINE) 5MG/ML PO 150ML 1 MI PO: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Diphenhydramine Medication Guide.

Decision rationale: The MTUS does not address the topic. While the National Library of Medicine (NLM) notes that Dicopanol (diphenhydramine) is indicated in the treatment of allergic reactions, motion sickness, and/or parkinsonism, in this case, there was not mention of any such issues evident here. There was no mention of the applicant's having issues associated with allergies, motion sickness, parkinsonism, etc., which would compel provision of Dicopanol (diphenhydramine). Therefore, the request was not medically necessary.

RETROSPECTIVE FANATREX (GABAPENTIN) 25MG/ML PO 420ML 1 TSP (5ML) TID; 4.: 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 MTUS Chronic Pain Medical Treatment Guidelines, page 19, Gabapentin section. 2. MTUS 9792.20f.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the applicant was using gabapentin for what appeared to be a span of several months. The applicant failed to demonstrate any lasting benefit or functional improvement through the same, however. The applicant continued to report pain complaints as high as 7-8/10, despite ongoing usage of Fanatrex (gabapentin). The applicant remained off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Fanatrex (gabapentin). Therefore, the request is not medically necessary.

RETROSPECTIVE DEPRIZINE 15MG/ML PO 250ML 2TSP ONCE DAILY: 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: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, , NSAIDs, GI Symptoms, and Cardiovascular Risk.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of H2 antagonists such as ranitidine (Deprizine) in applicants with issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file contained no explicit mention of issues with reflux, heartburn, and/or dyspepsia for which ongoing usage of Deprizine (ranitidine) would have been indicated. Therefore, the request was not medically necessary.