

Case Number:	CM14-0145566		
Date Assigned:	09/12/2014	Date of Injury:	04/06/2014
Decision Date:	11/12/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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 and Pain Management, 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 54 year old female with an injury date of 04/10/12. Based on the 07/21/14 progress report provided by [REDACTED], the patient complains of neck pain rated 8/10 that radiates to bilateral upper extremities, bilateral shoulder pain rated 8/10, bilateral wrist pain rated 5/10, radicular midback pain rated 8/10 with muscle spasm, bilateral knee pain rated 8/10 and bilateral foot pain rated 8-9/10. Physical examination to the cervical spine revealed decreased range of motion, especially on right lateral flexion 20 degrees. On examination, the bilateral wrists were tender to palpation. Tinel's, Phalen's and Flicker tests were positive bilaterally. Patient also complains of stomach problems associated with nervousness and headaches. She also complains of difficulty sleeping and is often awoken at night due to pain. Patient states that symptoms persist, but the medications offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. Diagnosis 07/21/14- cervical spine multilevel HNP- cervical spine multilevel degenerative disc disease- cervical spine radiculopathy- bilateral shoulder impingement syndrome- bilateral rotator cuff syndrome- bilateral shoulder tenosynovitis- bilateral shoulder AC joint osteoarthropathy- left elbow sprain/strain- right elbow tear of common extensor tendon- right elbow lateral epicondylitis- bilateral wrist carpal tunnel syndrome- bilateral wrist subchondral cyst- thoracic spine multilevel HNP- thoracic spine multilevel degenerative disc disease- bilateral knee sprain/strain- right knee chondromalacia patellae- right knee osteoarthritis- bilateral knee meniscal tear- bilateral plantar fasciitis- anxiety disorder- mood disorder- sleep disorder- headaches- abdominal discomfort The utilization review determination being challenged is dated 08/07/14. The rationale follows: 1) Dicedpanol (Diphenhydramine) 1ml to a max of 5mg/ml oral suspension 150ml quantity: 1: "no clinical finding of insomnia, and no

rationale for necessity of oral suspension..."2) Fanatrex (Gabapentin) 1 teaspoon (5ml) three times a day 25 mg/ml oral suspension 420ml quantity:1:"no rationale for necessity of oral suspension..." [REDACTED] is the requesting provider, and he provided treatment reports from 03/28/14 - 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (Diphenhydramine) 1ml to a max of 5ml orally at bedtime 5mg/ml oral suspension 150ml # 1: Upheld

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

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

Decision rationale: The patient presents with neck pain that radiates to bilateral upper extremities, bilateral shoulder, midback, bilateral knee and bilateral foot pain. The request is for Dicepanol (Diphenhydramine) 1ml to a max of 5mg/ml oral suspension 150ml quantity:1. Her diagnosis dated 07/21/14 includes cervical and thoracic spine multilevel herniated nucleus pulposus and multilevel degenerative disc disease, bilateral shoulder impingement syndrome, bilateral wrist carpal tunnel syndrome, sleep disorder and abdominal discomfort. She has difficulty sleeping and is often awoken at night due to pain. ODG-TWC states under Mental Illness & Stress:" 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)"Per treater report dated 07/21/14, patient states that symptoms persist, but the medications offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. Diphenhydramine has been prescribed as early as progress report dated 04/21/14, and ODG does not recommend long-term use. Therefore, the request of Dicopanol (Diphenhydramine) 1ml to a max of 5ml orally at bedtime 5mg/ml oral suspension 150ml # 1 is not medically necessary and appropriate.

Fanatrex (Gabapentin) 1 teaspoon (5ml) three times a day 25 mg/ml oral suspension 420 ml # 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18-19.

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

Decision rationale: The patient presents with neck pain that radiates to bilateral upper extremities, bilateral shoulder, midback, bilateral knee and bilateral foot pain. The request is for Fanatrex (Gabapentin) 1 teaspoon (5ml) three times a day 25 mg/ml oral suspension 420ml quantity:1. Her diagnosis dated 07/21/14 includes cervical and thoracic spine multilevel herniated nucleus pulposus and multilevel degenerative disc disease, bilateral shoulder impingement syndrome, bilateral wrist carpal tunnel syndrome and abdominal discomfort. MTUS has the following regarding Gabapentin on page 18, 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."Per treater report dated 07/21/14, patient states that symptoms persist, but the medications offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. Patient presents with radicular symptoms which are being relieved by Fanatrex. The request is supported by guidelines and therefore, the Fanatrex (Gabapentin) 1 teaspoon (5ml) three times a day 25 mg/ml oral suspension 420 ml # 1 is medically necessary and appropriate.