

Case Number:	CM14-0148929		
Date Assigned:	09/18/2014	Date of Injury:	08/22/2013
Decision Date:	11/03/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/12/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 57-year-old with a reported date of injury of 08/22/2013. The patient has the diagnoses of left wrist joint effusion, left wrist TFCC tear, right wrist chondromalacia, right wrist osteoarthritis, left wrist radial styloid tenosynovitis, crushing injury to left fingers, arthritis of the MTP joint, left foot bursitis and left foot joint effusion. Per the most recent progress notes provided for review from the primary treating physician dated 06/18/2014, the patient had complaints of achy right wrist pain rated a 7/10, stabbing left wrist pain rated a 7-8/10 and a sharp, stabbing pain at the left foot and great toe rated a 5-6/10. The physical exam noted bilateral wrist tenderness at the carpal tunnel, first dorsal extensor muscle compartment, left TFCC and positive Phalen's sign. The right wrist had a positive Tinel's sign and the left wrist had a positive Finkelstein's test. The left foot showed tenderness on the great toe and first and second web space with decreased range of motion in the ankle and a positive Mulder's sign and decreased motor strength bilaterally. The treatment plan recommendations included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (updated 7/10/14), Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG),

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. The requested medication is diphenhydramine hydrochloride. Per the Official Disability Guidelines, sedating antihistamines such as this have been suggested for sleep aids. There is no indication that the patient suffers from any sleep disorder or allergy symptoms that this medication would be indicated. In addition there is no documentation why the patient would need this suspension over a traditional over the counter antihistamine. For these reasons, criteria for its use has not been met. Therefore the request is not certified.

Fanatrex: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antiepilepsy Drugs (Gabapentin) Page(s): 18-19.

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

Decision rationale: The California chronic pain medical treatment guidelines section on Gabapentin states: 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The requested medication is an oral suspension of Gabapentin. This medication is a first line treatment choice for neuropathic pain per the California MTUS. The patient has the indication on physical exam of bilateral carpal tunnel syndrome per exam findings. This would indicate positive neuropathic pain findings. Therefore the request is certified.

Synapryn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol/Glucosamine (and Chondroitin Sulfate) Page(s): 50, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, Page(s): , page(s) 76.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to nonopioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain. The long-term use of this medication is not recommended unless certain objective outcome measures have been met as defined above. There is no provided objective outcome measure that shows significant improvement in function while on the medication or a return to work. There is no significant improvement in VAS scores documented. There is no evidence of failure of other conservative treatment modalities and other first line choices for chronic pain. For these reasons criteria for ongoing and continued use of the medication have not been met. Therefore the request is not medically necessary.

Deprizine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician desk reference,

Decision rationale: The ACOEM does not specifically address this medication. The California MTUS only addresses this medication in the presence of concomitant NSAID use. The patient is current not taking any NSAID therapy. Per the Physicians' Desk Reference, this medication is a kit to make a compound of ranitidine hydrochloride oral suspension. Indications for this medication include gastritis and GERD. The patient has no documented gastrointestinal issues/disease states. There is also no indication why the patient would need an oral suspension over readily available over-the-counter H2 blockers. Even in the situation of the patient taking NSAID therapy, there is no documented risk factors that would justify the need for an H2 blocker per the California MTUS. Therefore the request is not certified.