

Case Number:	CM14-0088038		
Date Assigned:	07/23/2014	Date of Injury:	09/04/2012
Decision Date:	09/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53 year old female was reportedly injured on September 4, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated April 18, 2014, indicated that there were ongoing complaints of bilateral hand and wrist pains, bilateral feet pains, stress, anxiety and insomnia. Also noted were hypertension and Type 2 Diabetes. The physical examination demonstrated generalized tenderness of both hands, a full range of motion, sensation intact, and tenderness to palpation of the lower lumbar spine with a full range of motion, bilateral feet were not there for palpation, decrease in ankle range of motion, and a decrease in sensation. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, physical therapy, trigger point injections and other pain management interventions. A request was made for multiple medications and was non-certified in the preauthorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn 10mg/ml 500ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: When considering the date of injury, the reported mechanism of injury, and the injury sustained, the current physical examination and the lack of any efficacy or utility associated with preparation, this does not appear to be clinically indicated. As outlined in the Medical Treatment Utilization Schedule (MTUS), this is not recommended as a first line therapy. This is a synthetic opioid analgesic and a suspension form has not been approved by the Food and Drug Administration (FDA). Therefore, when combining the lack of improvement with the FDA and by the parameters outlined in the MTUS and taking into consideration the physical examination offered, there is no medical necessity established for the need for this medication in this form.

Tabradol 1mg/ml 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: This medication is an oral suspension of a Cyclobenzaprine (Flexeril) that is not clinically indicated. There are ongoing complaints of pain in the wrist and hand. There is no evidence of a chronic muscle spasm. Furthermore, as outlined in the Medical Treatment Utilization Schedule (MTUS), use of skeletal muscle relaxant is indicated for the short term alone. There is no indication for chronic or indefinite use. Therefore, based on the data presented in the MTUS and by the injury sustained and the physical examination reported, this is not medically necessary.

Deprizine 15mg/ml 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: This medication is an oral suspension compounded preparation of a proton pump inhibitor. Proton pump inhibitors are indicated for the treatment of gastroesophageal reflux disease. These medications can also be used as a gastric protectant for those taking nonsteroidals. When noting the date of injury, the injury sustained, and the complete lack of any complaints relative to the gastrointestinal tract, there is no clinical information presented to support this knee. Furthermore, it is not clear why this is necessary as opposed to more affordable tablet form. As such, the medical necessity has not been established in the progress notes presented for review.

Dicopanol 5mg/ml 150ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Diphenhydramine (Dicopanol) is an oral suspension compounded medication to treat allergic reactions, motion sickness, and symptoms of Parkinson's disease. This medication is basically an antihistamine. Reading the rather boilerplate attachment of the progress note to support this request, one infers this is being used as a sleep aid. The medication has not been endorsed as a sleep aid. Therefore, based on the clinical information presented for review and by the Food and Drug Administration (FDA) labeling and the parameters noted in the MTUS, there is no medical necessity for this oral suspension.

Fanatrex 25mg/ml 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The medication is an anti-epileptic drug that is at times used to address neuropathic pain. Based on the progress notes presented for review, there is no indication of a neuropathic pain generator or lesion. Furthermore, the progress notes do not demonstrate any efficacy or utility with this medication in terms of increased functional improvement or decrease in pain utilization. Therefore, when considering the parameters outlined in the Medical Treatment Utilization Schedule (MTUS) and by the physical examination reported, the medical necessity has not been established.