

<b>Case Number:</b>	CM13-0062819		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 injured worker is a 47-year-old female who reported an injury on 10/13/2011. The mechanism of injury was not stated. The current diagnoses include cervical spine herniated nucleus pulposus, cervical spine degenerative disc disease, cervical spine radiculopathy, left shoulder AC joint arthrosis, thoracic sprain/strain, low back pain, thoracic pain, lumbar herniated nucleus pulposus, lumbar spine degenerative disc disease, lumbar spine radiculopathy, status post ankle ORIF surgery, right ankle internal derangement, abdominal pain, anxiety, mood disorder, sleep disorder, stress, and hypertension. The injured worker presented on 07/16/2014 with complaints of persistent pain over multiple areas of the body. Upon examination, there was suboccipital tenderness, decreased cervical range of motion, positive cervical compression and distraction test, tenderness at the supraspinatus insertion site of the left shoulder, decreased range of motion of the left shoulder, crepitus, decreased sensation in the bilateral upper extremities, tenderness to palpation of the thoracic paraspinals from T2-3, decreased thoracic range of motion, positive Kemp's test, tenderness at the PSIS, L3-5 tenderness, muscle guarding, decreased lumbar range of motion, positive straight leg raise bilaterally at 20 degrees, positive Bragard's sign, tenderness of the lateral malleolus and anterior talofibular ligament on the right, decreased sensation in the right lower extremity, and decreased range of motion of the right ankle. Recommendations included continuation of the current medication regimen of Dicopanol, Deprizine, Fanatrex, Synapryn, and Tabradol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICOPANOL 150ML ORAL SUSPENSION #1 BOTTLE: 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, INSOMNIA TREATMENT.

[HTTP://WWW.NCBI.NIM.NIH.GOV/PUBMEDHEALTH/PMHT0009965/DIPHENHYDRAMINE](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0009965/diphenhydramine)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, insomnia Treatment

**Decision rationale:** The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over the counter medication for insomnia treatment. The injured worker has continuously utilized this medication without mention of functional improvement. Guidelines do not recommend long term use of sedatives. There was also no indication that this injured worker cannot safely swallow pills or capsules. The medical necessity has not been established. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**FANATREX 420ML ORAL SUSPENSION #1 BOTTLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. Gabapentin has been considered a first line treatment for neuropathic pain. The injured worker has continuously utilized this medication. There is no documentation of objective functional improvement. There was also no indication that this injured worker cannot safely swallow pills or capsules. There is no frequency listed in the request. Given the above, the request is not medically appropriate.

**SYNAPRYN 500ML ORAL SUSPENSION #1 BOTTLE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRAMADOL Page(s): 50, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication without any evidence of objective functional improvement. There was no indication that this injured worker is unable to safely swallow pills or capsules. Previous urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**DEPRAZINE 50MG/250ML ORAL SUSPENSION #1 BOTTLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

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

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no indication that this injured worker cannot safely swallow pills or capsules. There is no frequency listed in the request. Given the above, the request is not medically appropriate.