

Case Number:	CM14-0111997		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2013
Decision Date:	02/06/2015	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 Practice, 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 injured worker is a 47-year-old male who reported an injury on 09/26/2013. The mechanism of injury occurred when the injured worker was on a forklift and went to go help his coworker with a pallet, and the forklift started going forward. The injured worker jumped off as the forklift went over a dock. However, the injured worker fell about 4 to 5 feet, hitting the bumper of the forklift and fracturing the ankle and landing on the ground. The diagnoses included a lumbar spine multilevel herniated nucleus pulposus, rule out lumbar radiculopathy, bilateral knee prepatellar bursitis, bilateral knee ACL tear, bilateral knee meniscus derangement, left knee gastrocnemius tendon tear, left ankle tendinitis, right ankle Achilles tendon tear, and bilateral calcaneus spurs. Diagnostic studies included an MRI of the lumbar spine dated 06/26/2014 that revealed conus medullaris that terminated at the L1. Intervertebral disc height and hydration was mildly diminished at the L1 through S1 levels. Paraspinal muscles were maintained. Schmorl's nodes were present at L2, L3, and L4. At L3-4 there was a 4.1 mm diffuse disc protrusion effacing the thecal sac. At L4-5, a 2.7 mm diffuse disc protrusion effaced the thecal sac. At L5-S1, a 2.7 mm broad based central disc protrusion effaced the thecal sac. Mild discogenic spondylosis was seen at L1 through S1. Mild facet arthrosis was seen at L4 through S1. Schmorl's nodes were seen at L2-3 and L4. There were no other significant abnormalities. Prior treatments were not provided. The injured worker presented for a comprehensive orthopedic evaluation and further treatment. The injured worker complained of low back pain rated 6/10 to 7/10 on the VAS. On examination, the lumbar spine revealed tenderness to palpation at the spinous processes of L3 through L5. Bilateral lumbar paraspinal muscle guarding was noted. Range of motion of the lumbar spine was flexion to 25 degrees and extension to 15 degrees. The injured worker had a positive sitting root test and a negative Kemp's test. The injured worker complained of bilateral knee pain that he rated 6/10 to 7/10 on the VAS, and bilateral ankle pain

that he rated 5/10 to 6/10 on the VAS. Upon examination of the bilateral knees, tenderness was 2+ to palpation over the medial and lateral joint line bilaterally. There was also +1 tenderness at the patellofemoral joint on the right knee. No instability was noted. No anterior or posterior ligament instability was noted. The range of motion was flexion at 85 degrees on the right knee and 110 degrees on the left knee. Extension was -15 to the right knee and -5 to the left knee. Examination of the bilateral ankles and feet revealed there was 1+ tenderness to palpation over the medial and lateral malleolus. There was 2+ tenderness over the right ankle. Range of motion in plantar flexion was at 15 degrees on the right and 15 degrees on the left. Dorsiflexion was 3 degrees to the right and 10 degrees to the left. Medications included Deprizine, Dicopanol, Fanatrex, suboxone, tramadol, and cyclobenzaprine. The plan of care was waiting on orthopedic surgeon evaluation for the right knee, continued course of chiropractic therapy for the lumbar spine, return in 6 weeks, and continued medication. The request for authorization dated 07/18/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Dicopanol (Diphenhydramine) 5mg/ml susp. 150ml. Take 1ml po at bedtime (DOS: 05/31/14): 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 Antispasmodics Page(s): 64-65.

Decision rationale: The request for retro: Dicopanol (Diphenhydramine) 5mg/ml susp. 150ml. take 1ml po at bedtime (dos: 05/31/14) is not medically necessary. The California MTUS Guidelines indicate that Dicopanol is a non-sedating muscle relaxant to be used with caution as a secondary option for short term treatment of acute exacerbations in patients with chronic low back pain, and that this drug is similar to Orphenadrine, which has a greater anticholinergic effect. The mode of action is not really understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved in 1959. The mechanism of action in most of these agents is not known. Therefore, the request is not medically necessary and appropriate.

Retro: Fanatrex (Gabapentin) 25mg/ml oral susp. 420ml. Take 1tsp tid pain (DOS: 05/31/14): 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 Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: The request for retro: Fanatrex (Gabapentin) 25mg/ml oral susp. 420ml. take 1tsp tid pain (dos: 05/31/14) is not medically necessary. The California MTUS Guidelines indicate that Gabapentin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The clinical notes did not indicate that the patient had a diagnosis of diabetic painful neuropathy or postherpetic neuralgia. Therefore, the request is not medically necessary and appropriate.

Retro: Deprizine 15mg/ml oral susp. 250 take 2tsp one time a day for GI pain (DOS: 05/31/14): 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The request for retro: Deprizine 15mg/ml oral susp. 250 take 2tsp one time a day for GI pain (dos: 05/31/14) is not medically necessary. The California MTUS Guidelines indicate that Deprizine is recommended for injured workers who are at risk for gastrointestinal events or cardiovascular disease. The risk factors for gastrointestinal events include: over the age of 65; history of peptic ulcer, gastrointestinal bleeding or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, Deprizine is not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, and/or adding an H2 receptor agonist or proton pump inhibitor. There is a lack of documentation indicating that the injured worker is at risk for gastrointestinal events. Additionally, there is a lack of clinical documentation indicating that the injured worker has a diagnosis of dyspepsia secondary to NSAID therapy. The request is not medically necessary.