

Case Number:	CM14-0217140		
Date Assigned:	01/07/2015	Date of Injury:	05/22/2014
Decision Date:	03/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Pennsylvania
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This worker sustained an injury on 5/22/2014. He complains of radicular low back pain and muscle spasms. Medications offer him temporary relief of pain and improve his ability to have restful sleep. Physical exam on 10/27/2014 revealed tenderness to palpation at the lumbar paraspinal muscles. Lumbar spine ROM is less than normal. Sensation in the L4-S1 dermatomes bilaterally is decreased. Motor strength is 4/5 in both lower extremities. His diagnoses include lumbar spine sprain/strain r/o HNP and lumbar radiculopathy. The medication plan included Deprizine which contains ranitidine and other proprietary ingredients, Dicopanol which contains diphenhydramine and other proprietary ingredients, Fanatrex which contains gabapentin and other proprietary ingredients, Synapryn which contains tramadol and glucosamine as well as other proprietary ingredients, Tabradol which contains cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients, cyclobenzaprine, and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/ml #250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42 and 63-66.

Decision rationale: Tabradol contains cyclobenzaprine which is a muscle relaxant. Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patient's with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The maximum dose is 10 mg 3 times a day.

Deprizine 15mg/ml: 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 NSAID's Page(s): 68.

Decision rationale: Deprizine contains ranitidine. The MTUS does not specifically address ranitidine but does discuss PPI's which have a similar role and are more effective for GI protection. Proton pump inhibitors are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Therefore, Deprizine cannot be considered to be medically necessary.

Dicopanol (diphenhydramine) 5mg/ml #150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov, Diphenhydramine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Insomnia treatment

Decision rationale: Diphenhydramine is a sedating antihistamine available over the counter that is used as a sleep aid. Tolerance develops within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no

diagnosis of insomnia in this case and the known adverse effects would deem this medication not warranted, particularly for long term use.