

<b>Case Number:</b>	CM15-0110445		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female who sustained an industrial injury on April 6, 2012. She has reported injury to the cervical spine, thoracic spine, right shoulder, and left shoulder and has been diagnosed with cervical sprain strain, thoracic sprain strain, right shoulder sprain strain, left shoulder sprain strain, right elbow sprain strain, and left elbow sprain strain. Treatment has included acupuncture, physical therapy, chiropractic care, and medications. There was tenderness to palpation of the bilateral trapezil and cervical paravertebral muscles. Cervical compression caused pain. Shoulder depression caused pain. There was tenderness to palpation of the bilateral trapezii and thoracic paravertebral muscles. There was tenderness to palpation of the anterior shoulder and posterior shoulder. Speed's caused pain on the right. There was tenderness to palpation of the anterior shoulder and posterior shoulder. Speeds caused pain. There is tenderness to palpation of the lateral elbow and medial elbow on the right elbow. The left elbow showed tenderness to palpation over the lateral elbow and medial elbow. The treatment request included follow up and acupuncture. The treatment request included Dicopanol, Fanatrex, and Deprizine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dicopanol (Diphenhydramine) 5 mg/ml oral suspension 150 ml #1: Upheld**

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

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

**Decision rationale:** Dicopanol is diphenhydramine and other proprietary ingredients in oral suspension. Per ODG "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness." Per note dated 2/27/15, it was noted that the injured worker presented to the physician with a history of an irregular sleeping pattern, complaining of rarely getting a continuous night of sleep, and often of difficulty falling asleep. No information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid were provided. Furthermore, no rationale was provided for the medical necessity of an oral suspension. The request is not medically necessary.

**Fanatrex (gabapentin) 25 mg/ml 420 ml:** Upheld

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

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

**Decision rationale:** Fanatrex is gabapentin and other proprietary ingredients in oral suspension. Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p 17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review does not contain information supporting the continued use of this medication, specifically; functional improvement was not addressed in the medical records. Furthermore, no rationale was provided for the medical necessity of an oral suspension. The request is not medically necessary.

**Deprizine 15 mg/ml oral suspension 250 ml #1:** 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.

**Decision rationale:** Deprizine is ranitidine hydrochloride and other proprietary ingredients in oral suspension. In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxen plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" As there is no documentation of NSAID therapy, peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed. Furthermore, no rationale was provided for the medical necessity of an oral suspension. Therefore the request is not medically necessary.