

Case Number:	CM15-0114618		
Date Assigned:	06/22/2015	Date of Injury:	08/25/2014
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 41 year old male patient who sustained an industrial injury on 08/25/2014. The accident was described as while working as a maintenance manager cleaning a sidewalk with a pressure gun while his co-worker was driving the truck. His co-worker stopped the vehicle and the injured worker felt a crack and stretch at his neck and lower back area. A magnetic resonance imaging (MRI) study done on 11/12/2014 revealed the right hand with subchondral cyst at head of 2nd metacarpal, and no other abnormality noted. The right wrist MRI done that same date 11/12/2014 showed a lobulated cystic lesion at the volar aspect of ulna, proximal to pisiform bone and most likely represents a ganglion cyst. On 11/13/2014, he underwent a radiographic study of the right wrist showing an unremarkable study. On 11/11/2014 a MRI of the lumbar spine showed degenerative anterior inferior endplate osteophyte at L3; degenerative anterior superior endplate osteophyte at L2-L5. The cervical spine done that same date of 11/11/2014 revealed an unremarkable study. An MRI of the right shoulder done on 11/11/2014 showed an unremarkable study. A follow up visit dated 10/21/2014 reported the treating diagnoses of: cervical spine sprain/strain, rule out herniated nucleus pulposus; right shoulder sprain/strain, rule out internal derangement; right wrist and hand pain; rule out wrist carpal tunnel syndrome; pain in right hand fingers; low back pain; lumbar spine sprain/strain, rule out herniated nucleus pulposus, and rule out lumbar radiculopathy. He was prescribed medications, to perform frequent urine toxicology samples. Current medications consist of: Flexeril, Tabradol, Synapryn, Fanatrex, Dicopanlol, and Deprizine.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment and Other Medical Treatment Guidelines <http://www.drugs.com/pro/dicopanol.html>.

Decision rationale: Regarding the request for Dicopanol, Dicopanol contains active and inactive bulk materials to compound a diphenhydramine hydrochloride oral suspension. California MTUS guidelines are silent. ODG states 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. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, and no statement indicating what behavioral treatments have been attempted for the condition of insomnia. Furthermore, there is no rationale presented identifying the medical necessity of the compound oral suspension rather than the FDA-approved capsules. In the absence of such documentation, the currently requested Dicopanol is not medically necessary.

Fanatrex (Gabapentin) 25mg/ml Oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/fanatrex.html>.

Decision rationale: Regarding the requested for Fanatrex, Fanatrex contains active and inactive bulk materials to prepare 420 mL of a gabapentin oral suspension containing 25 mg/mL gabapentin. Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any evidence of neuropathic pain. Additionally, there is no rationale presented identifying the medical necessity of the compounded oral suspension rather than the FDA-approved medication. In the absence of such documentation, the currently requested Fanatrex is not medically necessary.