

<b>Case Number:</b>	CM15-0116712		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	07/15/2009
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 41 year old male who sustained an industrial injury on 7/15/09. The mechanism of injury is unclear. He currently complains of severe low back pain (8/10), numbness, weakness and tingling, cramping and muscle spasms radiating to the left lower extremity; burning bilateral hip pain and spasms (3/10). On physical exam there was tenderness to palpation of bilateral sacroiliac joints, muscle spasms of the lumbar paravertebral muscles. Kemp's, straight leg raise, Valsalva's, Yeoman's, Milgram's all cause pain. Medications give temporary pain relief and allow for a restful sleep. Medications are deprizine, diclopanol, fanatrex, synapryn, tabradol, cyclobenzaprine, ketoprofen cream. Diagnoses include lumbar disc displacement, herniated nucleus pulposus; lumbar radiculopathy; lumbago; bilateral hip pain; diabetes. Treatments to date include acupuncture, with benefit; lumbar spine injections which gave relief; medication with benefit. On 6/2/15 Utilization Review evaluated requests for Fanatrex 420 milliliters; dicopanol 150 milliliters.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fanatrex 420ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** Fanatrex contains Gabapentin which is a medication approved for neuropathic pain. According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." There is no recent documentation that the patient developed a neuropathic pain. Therefore, the request for Fanatrex 420ml is not medically necessary.

**Dicopanol 150ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diphenhydramine [http://www.emedicinehealth.com/drug-diphenhydramine/article\\_em.htm](http://www.emedicinehealth.com/drug-diphenhydramine/article_em.htm).

**Decision rationale:** Dicopanol contains diphenhydramine, a sedative medication. There is no recent documentation that the patient developed insomnia. Therefore, Dicopanol prescription is not medically necessary.