

Case Number:	CM15-0120918		
Date Assigned:	07/01/2015	Date of Injury:	07/26/2012
Decision Date:	08/25/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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

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 53 year old female who sustained an industrial injury on 07/26/12. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, acupuncture, and shockwave therapy. Diagnostic studies are not addressed. Current complaints include headaches, neck pain and muscle spasms, bilateral shoulder pain, bilateral wrist pain and muscle spasms, abdominal pain and discomfort, low back pain and muscle spasms, bilateral knee pain and muscle spasms and pain radiating to her feet. Current diagnoses include headaches, cephalgia, cervical and lumbar spine sprain/stain, cervical spine radiculopathy, bilateral shoulder and wrist sprain/strain, bilateral knee sprain/strain, hypertension, reflux disease, abdominal pain, anxiety, mood disorder, sleep disorder, and stress. In a progress note dated 04/21/15 the treating provider reports the plan of care as medications including Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, and ketoprofen cream, as well as shockwave therapy, physical therapy, and acupuncture. The requested treatments include Tabradol, Deprizine, Dicopanol, and Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tabradol 1mg/ml oral suspension 250ml: 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 muscle relaxants, for pain Page(s): 63-66.

Decision rationale: The patient was injured on 07/26/12 and presents with headaches, radicular neck pain, bilateral shoulder pain, bilateral wrist pain, abdominal pain/discomfort, radicular low back pain, bilateral knee pain, stress, anxiety, insomnia, and depression. The request is for TABRADOL 1 MG/ML ORAL SUSPENSION 250 ML. The RFA is dated 04/21/15 and the patient's current work status is not provided. The patient has been using this medication as early as 12/23/14. Tabradol contains cyclobenzaprine, methysulfonylethane and other proprietary ingredients. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The patient is diagnosed with headaches/cephalgia, cervical spine sprain/strain r/o HNP, r/o cervical spine radiculopathy, bilateral shoulder sprain/strain r/o derangement, bilateral wrist sprain/strain r/o derangement, lumbar spine sprain/strain r/o HNP, r/o radiculitis of lower extremity, bilateral knee sprain/strain r/o derangement, hypertension, GERD, abdominal pain, anxiety disorder, mood disorder, sleep disorder, and stress. The reason for the request is not provided. The patient has been prescribed this medication as early as 12/23/14. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit from Tabradol, the request IS NOT medically necessary.

Deprizine 15mg/ml oral suspension 250ml: 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): 69.

Decision rationale: The patient was injured on 07/26/12 and presents with headaches, radicular neck pain, bilateral shoulder pain, bilateral wrist pain, abdominal pain/discomfort, radicular low back pain, bilateral knee pain, stress, anxiety, insomnia, and depression. The request is for DEPRIZINE 15 MG/ML ORAL SUSPENSION 250 ML. The RFA is dated 04/21/15 and the patient's current work status is not provided. The patient has been using this medication as early as 12/23/14. Deprizine is ranitidine (zantac, H2-receptor antagonist) mixed with other proprietary ingredients in an oral suspension. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss Deprizine. However, MTUS page 69 recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or

corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. As of 04/21/15, the patient is taking Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and Cyclobenzaprine. The patient is diagnosed with headaches/cephalgia, cervical spine sprain/strain r/o HNP, r/o cervical spine radiculopathy, bilateral shoulder sprain/strain r/o derangement, bilateral wrist sprain/strain r/o derangement, lumbar spine sprain/strain r/o HNP, r/o radiculitis of lower extremity, bilateral knee sprain/strain r/o derangement, hypertension, GERD, abdominal pain, anxiety disorder, mood disorder, sleep disorder, and stress. The reason for the request is not provided. Although the patient is diagnosed with GERD, there is no documentation of any NSAIDs the patient is taking. Furthermore, Deprizine contains ranitidine and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. The treating physician provides no discussion as to why oral suspensions are being requested. The requested Deprizine IS NOT medically necessary.

Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml: 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 Chapter under Insomnia.

Decision rationale: The patient was injured on 07/26/12 and presents with headaches, radicular neck pain, bilateral shoulder pain, bilateral wrist pain, abdominal pain/discomfort, radicular low back pain, bilateral knee pain, stress, anxiety, insomnia, and depression. The request is for DICOPANOL 5 MG/ML ORAL SUSPENSION 150 ML. The RFA is dated 04/21/15 and the patient's current work status is not provided. The patient has been using this medication as early as 12/23/14. ODG-TWC, Pain Chapter under Insomnia states: "(4) Over-the-counter medications: 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." The patient is diagnosed with headaches/cephalgia, cervical spine sprain/strain r/o HNP, r/o cervical spine radiculopathy, bilateral shoulder sprain/strain r/o derangement, bilateral wrist sprain/strain r/o derangement, lumbar spine sprain/strain r/o HNP, r/o radiculitis of lower extremity, bilateral knee sprain/strain r/o derangement, hypertension, GERD, abdominal pain, anxiety disorder, mood disorder, sleep disorder, and stress. The reason for the request is not provided. In this case, the patient has been diagnosed with a sleep disorder. Dicopanol contains diphenhydramine, an anti-histamine. ODG states that tolerance develops within a few days and long-term use is not supported. In this case there is no long term support for Dicopanol usage and the treating physician has not stated that this medication for short term usage. Furthermore, Dicopanol contains diphenhydramine and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. In addition, the treating physician provides no discussion as to why oral suspensions are being requested. Therefore, this requested Dicopanol IS NOT medically necessary.

Fanatrex (gabapentin) 25mg/ml oral suspension 420ml: 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 Gabapentin Page(s): 18-19.

Decision rationale: The patient was injured on 07/26/12 and presents with headaches, radicular neck pain, bilateral shoulder pain, bilateral wrist pain, abdominal pain/discomfort, radicular low back pain, bilateral knee pain, stress, anxiety, insomnia, and depression. The request is for FANATREX 25 MG/ML ORAL SUSPENSION 420 ML. The RFA is dated 04/21/15 and the patient's current work status is not provided. The patient has been using this medication as early as 12/23/14. MTUS has the following regarding Gabapentin on page 18-19: "Gabapentin (Neurontin, Gabarone, generic available) 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." In this case, the patient has been taking this medication since 12/23/14. The treater does not discuss efficacy. There is no discussion as to how this medication has been helpful with pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, Fanatrex contains gabapentin and "other proprietary ingredients" that is not disclosed. Without knowing what is contained in these medications, it cannot be considered for authorization. In addition, the treating physician provides no discussion as to why oral suspensions are being requested. The requested Fanatrex IS NOT medically necessary.