

Case Number:	CM15-0124911		
Date Assigned:	07/09/2015	Date of Injury:	09/12/2012
Decision Date:	08/12/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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 39 year old male, who sustained an industrial injury on 9-12-12. He reported sharp pain and discomfort in his lower back. Treatment to date has included MRI, x-rays, medication, physical therapy, nerve conduction study, TENS unit and urine drug screens. Currently, the injured worker complains of burning, radicular low back pain and muscle spasms, described as frequent to constant and is rated at 6-7 on 10. The pain is exacerbated by prolonged sitting, standing and walking, bending, stooping, rising from a seated position and ascending and descending stairs. He experiences bilateral burning hip pain rated at 6 on 10. The pain is exacerbated by squatting, kneeling, ascending and descending stairs, rising from a seated position, prolonged weight bearing, standing and walking. The injured worker is diagnosed with herniated disc lumbar spine, low back pain, lower extremities radicular pain syndrome and bilateral hip pain rule out derangement. His status is return to work with modifications, if unable to accommodate then the injured worker is to be temporary total disabled. A note dated 6-4-15 states the injured worker does experience temporary pain relief from medication, which allows him to experience a restful sleep. An examination on the same date reveals painful heel walking and decreased ability to squat (approximately 10%). There is tenderness to palpation and guarding noted at the buttocks bilaterally and guarding at the lower back bilaterally. The note states a decreased range of motion noted in the lumbar spine and hips bilaterally and tenderness on palpation of the hips bilaterally. In a note dated 5-21-13, the injured worker was prescribed the currently requested medication. The following medications, Dicopan 5 mg per ml oral suspension 50 mg 1 ml by mouth at bedtime (to help with insomnia), Fanatrex 25 mg

per ml oral suspension 420 mg, 1 teaspoon three times a day (to help with neuropathic pain) and Deprizine 15 mg per ml oral suspension 250 mg 2 teaspoons daily (to treat possible gastric upset) is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg/ml oral suspension 50ml 1ml by mouth at bedtime: 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, Insomnia treatment.

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, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to treatment with Dicopanol. Finally, there is explanation of why an oral suspension formulation is needed rather than a tablet form that is available as a generic. Given this, the currently requested Dicopanol is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml, 1tsp three times a day: 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 AEDs Page(s): 16-21.

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, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to treatment with Dicopanol. Finally, there is no indication that Dicopanol is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Dicopanol is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml, 2tsp OD: 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 H2 Blockers Page(s): 68-69.

Decision rationale: Regarding the request for Deprizine, Deprizine contains active and inactive bulk materials to compound a ranitidine hydrochloride oral suspension. California MTUS states that H2 antagonists such as ranitidine are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Deprizine is not medically necessary.