

Case Number:	CM15-0170163		
Date Assigned:	09/10/2015	Date of Injury:	07/09/2013
Decision Date:	10/14/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/28/2015

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: Emergency 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 is a 56 year old female, who sustained an industrial injury on July 9, 2013. She reported a slip and fall landing on her right hip and back with her left leg underneath her. The injured worker was currently diagnosed as having headaches, cervical spine sprain and strain, cervical radiculopathy, right shoulder sprain and strain, right elbow sprain and strain, right wrist sprain and strain, right hand pain, right middle finger sprain and strain, low back pain, lumbar spine sprain and strain, lumbar radiculopathy, right hip sprain and strain, bilateral knee sprain and strain, gastritis, sexual dysfunction, urinary incontinence, mood disorder, anxiety disorder, stress and sleep disorder . Treatment to date has included diagnostic studies, work restrictions, medications, shockwave therapy and physical therapy. On July 15, 2015, the injured worker complained of headaches, radicular neck pain with muscle spasms, burning right shoulder pain with radiation and muscle spasms, burning right elbow pain with muscle spasms, burning right wrist pain with muscle spasms, right middle finger pain, radicular low back pain with muscle spasms and bilateral knee pain with muscle spasms. The pain was rated between a 6-7 on a 1-10 pain scale. The treatment plan included medication, physical therapy, physiotherapy, acupuncture, chiropractic treatment, shockwave therapy, psychologist consultation, orthopedic surgeon consultation, Functional Capacity Evaluation, EMG-NCV and three sets of PRP treatment. On August 17, 2015, utilization review denied a request for Dicopanol 5mg-ml oral suspension 150ml, Fanatrex 25mg-ml oral suspension 420ml and Deprizine 15mg-ml oral suspension 250ml.

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 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Dicopanol> Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress: Diphenhydramine (Benadryl).

Decision rationale: This is a non-FDA approved compounded substance containing diphenhydramine. The provider is prescribing this for sleep issues. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, anticholinergic drugs, including diphenhydramine, may increase the risk for dementia by 50% in older adults. There is no rationale as to why this patient requires a compounded liquid formulation when generic FDA approved formulations are readily available. Dicopanol is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Fanatrex>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: This is a non-FDA approved compounded substance containing gabapentin. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, gabapentin is considered a 1st line medication that may be beneficial for patient's condition. However, provider has not documented any objective improvement in pain or function on this medication and has decided to prescribe a non-FDA compounded product for unknown reason. Fanatrex is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=Deprizine>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: This is a non-FDA approved compounded substance containing ranitidine. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines ranitidine may be considered for patients on NSAID therapy with dyspepsia and increased risk for GI bleed. Patient may benefit from ranitidine since patient has dyspepsia complaints and is currently in an NSAID regiment. However, the provider has decided to prescribed a non-FDA compounded product for unknown reason when a generic FDA approved tablet is readily available. Deprizine is not medically necessary.