

Case Number:	CM15-0175796		
Date Assigned:	09/17/2015	Date of Injury:	10/04/2014
Decision Date:	11/12/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 19 year old female, who sustained an industrial injury on 10-4-14. She reported left wrist pain. The injured worker was diagnosed as having left wrist pain rule out carpal tunnel syndrome and rule out left wrist De Quervain's tenosynovitis. Treatment to date has included acupuncture, physical therapy, shockwave therapy, and medication. Physical examination findings on 6-16-15 included left wrist tenderness to palpation in the carpal tunnel and first dorsal extensor muscle compartment. Left wrist range of motion was decreased and Tinel's, Phalen's, and Finkelstein's tests were positive. Sensation to pinprick and light touch was diminished over the C5-T1 dermatomes in the left upper extremity. On 5-21-15 pain was rated as 5-6 of 10 and on 6-16-15 pain was rated as 5 of 10. Currently, the injured worker complains of left wrist pain and muscle spasm. Weakness, numbness, tingling, and pain radiating to the hand and fingers was noted. The treating physician requested authorization for Synapryn 10mg-ml 500ml, Tabradol 1mg-ml 250ml, Deprazine 15mg-ml 250ml, Dicopanol 5mg-ml 150ml, and Fantarex 25mg-ml 420ml. On 8-20-15 the requests were non-certified; the utilization review physician noted "there is no included documentation of why this patient it unable to take regular first line oral medications for her condition. There is no documentation of swallowing issues or gastrointestinal issues that would be a contraindication to taking first line medication for this patient in pill form."

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound oral Synapryn 10 mg/ml, 500 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. Synapryn contains tramadol. A review of the injured workers medical records do not show that she has difficulty swallowing or is unable to tolerate other recommended non liquid oral medications and without this information Synapryn 10mg/1ml oral suspension 500ml is not medically necessary.

Compound oral Tabradol 1 mg/ml, 250 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS did not specifically address the treatment of insomnia in chronic pain therefore other guidelines were consulted. Per the ODG, correcting sleep deficits is recommended as non-restorative sleep is one of the strongest predictors of pain. Sedating antihistamines have been suggested for sleep aids, for example, diphenhydramine, tolerance develops within a few days and next day sedation, impaired psychomotor and cognitive function have been noted. side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Dicopanol is diphenhydramine and a review of the injured workers medical records did not reveal any difficulty swallowing or tolerating non liquid oral medications without this information the request for Dicopanol 5mg/ml oral suspension 150ml is not medically necessary.

Compound oral Deprazine 15 mg/ml, 250 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPI's are Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) A review of the injured workers medical records that are available to me do not justify the use of Deprizine over the use of other first line recommended agents, there is no indication that the injured worker has difficulty swallowing, therefore Deprizine 15mg/ml oral suspension 250ml is not medically necessary.

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

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) / Insomnia, Insomnia treatment.

Decision rationale: The MTUS did not specifically address the treatment of insomnia in chronic pain therefore other guidelines were consulted. Per the ODG, correcting sleep deficits is recommended as non restorative sleep is one of the strongest predictors of pain. Sedating antihistamines have been suggested for sleep aids, for example diphenhydramine, tolerance develops within a few days and next day sedation, impaired psychomotor and cognitive function have been noted. side effects include urinary retention, blurred vision, orthostatic hypotension,

dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Dicopanor is diphenhydramine and a review of the injured workers medical records did not reveal any difficulty swallowing or tolerating non liquid oral medications without this information the request for Dicopanor 5mg/ml oral suspension 150ml is not medically necessary.

Compound oral Fantarex (Gabapentin) 25 mg/ml, 420 ml: Upheld

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

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

Decision rationale: Per the MTUS, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. Fantarex contains Gabapentin. However, a review of the injured workers medical records do not reveal difficulty swallowing or tolerating non liquid oral medications and without this information medical necessity is not established.