

Case Number:	CM15-0175850		
Date Assigned:	09/17/2015	Date of Injury:	04/17/2014
Decision Date:	10/20/2015	UR Denial Date:	08/14/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 61 year old male, who sustained an industrial injury on 4-17-2014. He reported injuries to the head, neck, left shoulder, left elbow, and low back from cumulative trauma. Diagnoses include headaches, cervical sprain-strain, and radiculopathy, left shoulder sprain-strain, left elbow sprain-strain, low back pain, anxiety disorder, and mood disorder. Treatments to date include activity modification, medication therapy, physical therapy, cortisone joint injections. Currently, he complained of ongoing pain in the neck, left shoulder, left elbow, low back and psychological symptoms including stress and depression. The pain was associated with numbness and tingling in bilateral upper extremities and in the lower extremities. He further complained of headaches. On 7-23-15, the physical examination documented tenderness and decreased range of motion in the neck, low back, left shoulder and elbow with muscle spasms noted. There was decreased sensation to lower extremities bilaterally. The appeal requested authorization of Deprizine 15mg-ML, 10ML daily #250ML; and Fanatrex 25mg-ML three times a day #420ML. The Utilization Review dated 8-14-15, denied the request indicating the information submitted did not support that the California MTUS Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml 10ml OD 250mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Deprizine 15mg/ml 10ml OD 250mg #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no documentation of the necessity of taking medications in liquid form. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. Furthermore, there is no evidence that it is medically necessary for this medication to be in liquid form. The request for Deprizine is not medically necessary.

Fanatrex 25mg/ml 5ml TID 420mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Fanatrex 25mg/ml 5ml TID 420mg #1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines recommend Gabapentin for the treatment of diabetic painful neuropathy and postherpetic neuralgia and it has been considered as a first-line treatment for neuropathic pain. The documentation does not indicate the necessity to take this medication in liquid form. The request does not for Fanatrex is not medically necessary.