

Case Number:	CM15-0177223		
Date Assigned:	09/17/2015	Date of Injury:	07/26/2014
Decision Date:	10/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/09/2015

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 48 year old female who sustained an injury on 7-26-14. Diagnoses are cervical spine; cervical radiculopathy; bilateral shoulder sprain, strain rule out internal derangement; lumbar spine HNP; lumbago; anxiety disorder; mood disorder; stress; and sleep disorder. The examination on 2-9-15 indicates she complains of burning, radicular neck pain that is constant moderate to severe and rated 7 out of 10 on the pain scale. The pain is aggravated by repetitive motion of the head and neck and is associated with numbness and tingling of the bilateral upper extremities. Bilateral shoulder pain rated as 7 out of 10 and is constant, moderate to severe and aggravated by gripping, grasping, reaching, pulling, lifting and doing work at or above the shoulder level. Low back pain rated as 7 out of 10, constant and moderate to severe associated with numbness and tingling of the bilateral lower extremities. She also has been feeling anxiety, stress and depression due to her inability to work and perform the normal day to day tasks of living and reports difficulty sleeping due to pain. Cervical exam reveals tenderness to palpation at the sub occipital region; bilateral shoulder exam tenderness at the delto-pectoral grooves and at the insertion of the supraspinatus muscle bilaterally. Deep tendon reflexes are 2+ and symmetrical in the bilateral upper extremities; lumbar spine observation she is able to heel-toe walk and has pain with toe walking. She is able to squat to 50% of normal due to pain in the low back. Current requested treatments Dicopanor (Diphenhydramine) 5 mg, ml oral suspension 150 ml, Fanatrex (Gabapentin) 25 mg, ml oral suspension 420 ml no refill prescription date 3-9-15. Utilization review 9-1-15 requested treatments medically denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml, no refill for RX date 3/9/15:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: Dicopanol 5mg/ml oral suspension (Diphenhydramine HCL) is antihistamine, not recommended per guidelines for long-term use in the treatment of insomnia because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic antihistamine treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance effects occurs within weeks. Additionally, the reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. Submitted documents have not demonstrated any functional improvement from this treatment prescribed for quite some time for this chronic injury. The treatment is not medically necessary and appropriate. The Dicopanol (diphenhydramine) 5mg/ml oral suspension 150ml, no refill for RX date 3/9/15 is not medically necessary and appropriate.

Fanatrex (gabapentin) 25mg/ml oral suspension 420ml, no refill for RX date 3/9/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Although, Fanatrex oral suspension which has the active ingredient for the anti-epileptic medication, Gabapentin, 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; however, submitted reports have not adequately demonstrated the specific indication to support for Fanatrex oral suspension without identified neuropathic source, intolerance over oral pills or its functional benefit from treatment previously rendered for this chronic injury. The Fanatrex (gabapentin) 25mg/ml oral suspension 420ml, no refill for RX date 3/9/15 is not medically necessary and appropriate.