

Case Number:	CM15-0178459		
Date Assigned:	09/14/2015	Date of Injury:	07/30/2012
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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, California
 Certification(s)/Specialty: Family Practice

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 07-30-12. A review of the medical records indicates the injured worker is undergoing treatment for cervical and lumbar spine pain, strain and sprain, herniated nucleus pulposus, and radiculopathy; lumbar spine spondylolisthesis, bilateral knee sprain, strain, and internal derangement, as well as anxiety, sleep, and mood disorder; and stress. Medical records (06-23-15) reveal neck and back pain rated at 4-5/10, and bilateral knee pain and spasms, rated at 5/10. Medications are noted to provide temporary relief of pain and improve ability treating provider sleep. The physical exam (06-23-15) reveals tenderness in the cervical and lumbar spines as well as limited range of motion. Treatment has included medications, physical therapy, chiropractic care and acupuncture. The original utilization review (07-30-15) non-certified medications including dicopanol, fanatrex, and deprizine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg/mi 150ml Q Bed Time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (updated 06/15/2015) - Online version.

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the pain was contributing to the sleep disorder. The claimant was on Dicopanol, which is an antihistamine for several months. Long-term use is not supported by the guidelines. Failure if behavioral interventions are not noted. Continued use of Dicopanol is not medically necessary.

Fanatrex 25mg/ml 420ml TID: Overturned

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): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs).

Decision rationale: Fanatrex contains Gabapentin and Tricyclics antidepressants. Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radiculopathy and Tricyclics are appropriate for that as well. The Fanatrex use is medically necessary.

Deprizine 15mg/MI 250ml QD: 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 contains an H2 blocker. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Deprizine is not medically necessary.