

Case Number:	CM15-0179560		
Date Assigned:	09/28/2015	Date of Injury:	01/01/2004
Decision Date:	11/10/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/11/2015

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, North Carolina
 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 64 year old female, who sustained an industrial injury on 1-1-04. She is diagnosed with headache, cervical spine sprain-strain, thoracic spine pain, low back pain, lumbar spine sprain-strain, bilateral hip sprain-strain, bilateral knee sprain-strain and abdominal pain. Her work status is temporary total disability. Notes dated 5-12-15 and 7-14-15 reveals the injured worker presented with complaints of constant, moderate to severe headaches rated at 7 out of 10. She reports constant, moderate to severe neck pain and a muscle spasm described as burning and is associated with numbness and tingling of the bilateral upper extremities. The pain is increased by looking up and down, side-to-side and repetitive motion of her head and neck. She reports mid back pain and muscle spasm described as burning and is rated at 7-8 out of 10. The pain is increased by bending and prolonged sitting, standing and walking. She has constant low back pain (residual from a lumbar spine fusion) that is associated with numbness and tingling of her lower extremities bilaterally and is rated at 7 out of 10. Her back pain is increased with bending, rising from a seated position, ascending or descending stairs, stooping and prolonged sitting, standing and walking. She also reports activities of daily living such as dressing and personal hygiene increase her back pain. She experiences constant, moderate to severe abdominal pain described as sharp and stabbing and is rated at 5-6 out of 10. The abdominal pain is increased with any activity or motion that increases intra-abdominal pressure such as coughing, sneezing or bearing down. She reports bilateral hip pain and muscle spasm described as burning and is rated at 7-8 out of 10. Her pain is increased by squatting, kneeling, ascending or descending stairs, rising from a seated position and prolonged weight bearing,

standing and walking. She complains of constant, moderate to severe bilateral knee pain and muscle spasm described as burning and is rated at 7 out of 10. Lastly, she reports numbness, tingling and pain radiating to her feet. Physical examinations dated 5-12-15 and 7-14-15 revealed tenderness to palpation over the sub-occipital region and bilateral scalene and trapezius muscles. There is tenderness to palpation over the bilateral thoracic paraspinals and joints, the costovertebral joints and the spinous process T1-T12. The lumbar spine reveals palpable tenderness with spasms noted over the paraspinal muscles and lumbosacral junction. The bilateral hips examination revealed tenderness to palpation with spasms over the bilateral quadriceps and hamstrings, the medial and lateral thigh and the greater trochanter-groin. The bilateral knees examination reveals tenderness to palpation over the medial and lateral joint line and the patellofemoral joint bilaterally. Treatment to date has included surgical intervention, wheelchair, as she is unable to stand or walk, physical therapy and medications; Deprizine (7-14), Dicopanol (7-14), Fanatrex (7-14), Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. Diagnostic studies to date have included MRI and x-rays. A request for authorization dated 8-5-15 for Deprizine 15 mg per ml oral suspension 250 ml #1, Dicopanol 5 mg per ml oral suspension 150 ml #1, Fanatrex 25 mg per ml oral suspension 420 ml #1 is denied, per Utilization Review letter dated 8-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15 MG/ML Oral Suspension 250 ML #1: Upheld

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

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 (antidepressants).

Decision rationale: Ca MTUS is silent regarding the use of Deprizine, an antidepressant indicated for use in Major Depressive Disorder. In this case, the patient has multiple musculoskeletal complaints dating back to her injury in 2004. She is wheelchair bound. It is not clear what objective benefit has been obtained with the use of Deprizine. There is no evidence of improvement in her ADLs or any other benefit attributed to the use of Deprizine. It is also not clear as to whether the patient has been diagnosed with Major Depressive Disorder. Therefore, the request is not medically necessary or appropriate.

Dicopanol 5 MG/ML Oral Suspension 150 ML #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA prescribing guidelines.

Decision rationale: Dicopanol is a suspension containing diphenhydramine (Benadryl), an antihistamine. It is commonly used in treatment of allergic conditions, such as allergic rhinitis. The medical records in this case do not document an allergy condition. The rationale for the use of this medication is not established. Therefore, it is not medically necessary or appropriate.

Fanatrex 25 MG/ML Oral Suspension 420 ML #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 is an oral suspension containing Gabapentin, an anticonvulsant. It has also been recommended for neuropathic pain. In this case, it is not clear what the neuropathic generator is and why Gabapentin is indicated. Gabapentin is useful in the treatment of painful diabetic neuropathy and postherpetic neuralgia, however the claimant has neither of these conditions. Therefore, the request for Fanatrex is not medically necessary or appropriate.