

Case Number:	CM15-0064047		
Date Assigned:	04/10/2015	Date of Injury:	11/01/2000
Decision Date:	06/04/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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, Arizona
 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 51-year-old male who reported an injury on 11/07/2000. The mechanism of injury was not specifically stated. The current diagnoses include status post appendectomy with residual pain, status post lumbar spine surgery with residual pain, status post left knee arthroscopy with residual pain, lumbar radiculopathy, history of erectile dysfunction, anxiety disorder, mood disorder, sleep disorder, and stress. The injured worker presented on 02/12/2015 for a follow-up evaluation with complaints of persistent pain in the left knee and lumbar spine rated 5/10. The injured worker also reported frustration, stress, anxiety, insomnia, and depression. Upon examination of the abdomen, there were well-healed scars noted over the right lower abdomen region. The lumbar spine examination also revealed well-healed midline scars over the low back consistent with the prior surgery, palpable tenderness; trigger points, right sciatic notch tenderness, limited range of motion, and positive orthopedic testing. examination of the left knee also revealed well healed portal consistent with the prior surgery, tenderness to palpation, 0 to 130 degrees range of motion, slightly decreased sensation in the L4-S1 dermatomes bilaterally, 4/5 motor weakness, and 2+ deep tendon reflexes. Treatment recommendations at that time included a continuation of the current medication regimen, electro diagnostic studies, and a referral to a pain management specialist, shockwave therapy, and physical therapy. A Request for Authorization form was then submitted on 02/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex 25mg/ml, 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is recommended for treatment of diabetic painful neuropathy and post-herpetic neuralgia. It is also considered first line treatment for neuropathic pain. The injured worker has continuously utilized the above medication since at least October 2014. The medical necessity for gabapentin with other proprietary ingredients has not been established. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

Deprizine 15mg/ml, 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

Synapryn 500ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, there was no evidence of a failure of non-opioid analgesics. The injured worker has continuously utilized this medication since at least

October 2014. There was no documentation of a written consent or agreement for the chronic use of an opioid. Recent urine toxicology reports were not provided. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

Tabradol 1mg/ml, 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the injured worker has continuously utilized the above medication without evidence of objective functional improvement. There were lumbar trigger points noted upon examination. Additionally, there is no indication that this injured worker is unable to swallow pills or capsules. Given the above, the request is not medically necessary.

Dicopanol 5mg/ml, 150ml: Upheld

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

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

Decision rationale: The Official Disability Guidelines state diphenhydramine is a sedating antihistamine, often utilized as an over-the-counter medication for insomnia treatment. As per the clinical notes submitted, there is no indication of chronic insomnia or a chronic condition where an antihistamine is necessary. There is also no indication that this injured worker cannot safely swallow pills or capsules. The medical necessity has not been established. As such, the request is not medically necessary.