

<b>Case Number:</b>	CM15-0096027		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 38 year old male/female, who sustained an industrial/work injury on 8/1/12. She reported initial complaints of neck and shoulder pain. The injured worker was diagnosed as having cervical spine, right shoulder, left wrist, thoracic spine sprain/strain, lumbago, lumbar radiculopathy, right shoulder AC joint osteoarthritis, anxiety, mood disorder, and stress. Treatment to date has included medication, physical therapy, and acupuncture. MRI results were reported on 4/30/14 revealed right shoulder acromioclavicular joint osteoarthritis and bilateral shoulder supraspinatus tendonitis. MRI of left elbow noted sprain/strain. Currently, the injured worker complains of sharp stabbing neck pain rated 6-7/10 and has radiating pain, numbness, and tingling on bilateral upper extremities. There was also pain in the bilateral shoulders L>R and bilateral wrist pain rated 6/10. There was mid back pain with spasms rated 7/10. There was also anxiety and depression due to inability to do activities/tasks. Per the primary physician's progress report (PR-2) on 3/17/15, examination of the cervical spine notes left lateral head tilt, 2+ tenderness to palpation at the suboccipital muscles at the scalens and over the sternocleidomastoid muscles, limited range of motion, positive orthopedic tests. The shoulder exam noted 2+ tenderness at the supraspinatus and infraspinatus muscles bilaterally, 2+ tenderness at the subscapularis muscle and tendon on the left shoulder, limited range of motion, and positive supraspinatus test. The left elbow exam noted limited range of motion with positive Cozen's sign. Bilateral wrist/hand exam noted 2+ tenderness over the carpal tunnel, limited range of motion and positive Tinel's test. Sensation was slightly diminished over C7-8 dermatomes in the right upper extremity, myotomes C5-T1 are decreased. Palpable 2+

tenderness at T3-6 with guarding. Kemp's test was positive. Gait was abnormal. There is tenderness at the quadratus lumborum bilaterally. Current plan of care included diagnostics, orthopedic surgeon consult, and treatments. The requested treatments include Fanatrex 25mg/ml Oral Suspension and Dicopanol 5mg/ml Oral Suspension 150ml 1ml PO at bedtime #1.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Fanatrex 25mg/ml Oral Suspension 420ml 1 tsp #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fanatrex 25 mg per ML Oral suspension #420 MLs 1 teaspoon #1 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; bilateral shoulder sprain/strain; right shoulder AC joint osteoarthritis; bilateral shoulder supraspinatus tendinitis; left elbow sprain/strain; bilateral wrist sprain/strain; rule out carpal tunnel syndrome; thoracic spine sprain/strain; thoracic spine pain; lumbar spine disk displacement; lumbago; lumbar radiculopathy; anxiety disorder mood disorder and stress. Fanatrex contains gabapentin. Fanatrex has been used since October 10, 2014. The clinical indication is unclear based on the medical record documentation dated March 17, 2015. There is no documentation of objective functional improvement (for a specific clinical indication) in the medical record with continued Fanatrex use. There is no clinical indication for liquid form versus tablet preparation. Consequently, absent clinical documentation with a clear clinical indication and rationale and evidence of objective functional improvement, Fanatrex 25 mg per ML Oral suspension #420 MLs 1 teaspoon #1 is not medically necessary.

#### **Dicopanol 5mg/ml Oral Suspension 150ml 1ml PO at bedtime #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 04/06/15).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682539.html>.

**Decision rationale:** Pursuant to Medline plus, Dicopanol 5 mg /ML Oral suspension, 150 MLs; 1ml at bedtime #1 is not medically necessary. Diphenhydramine is used to relieve red, irritated, itchy, watery eyes; sneezing; and runny nose caused by hay fever, allergies, or the common cold. Diphenhydramine is also used to relieve cough caused by minor throat or airway irritation. Diphenhydramine is also used to prevent and treat motion sickness, and to treat insomnia (difficulty falling asleep or staying asleep). Diphenhydramine is also used to control abnormal movements in people who have early stage parkinsonian syndrome (a disorder of the nervous system that causes difficulties with movement, muscle control, and balance) or who are experiencing movement problems as a side effect of a medication. In this case, the injured worker's working diagnoses are lumbar spine sprain/strain; bilateral shoulder sprain/strain; right shoulder AC joint osteoarthritis; bilateral shoulder supraspinatus tendinitis; left elbow sprain/strain; bilateral wrist sprain/strain; rule out carpal tunnel syndrome; thoracic spine sprain/strain; thoracic spine pain; lumbar spine disk displacement; lumbago; lumbar radiculopathy; anxiety disorder mood disorder and stress. There is no clear-cut clinical indication or rationale for diphenhydramine. The utilization review indicates the dicopanol is taken for insomnia. There is no documentation in the medical record of conservative sleep measures or an ongoing psychological assessment evaluating potential mental health sources relating to sleep. Additionally, there is no clinical indication for liquid preparation over a pill preparation. Consequently, absent a clear-cut clinical indication and rationale with evidence of objective functional improvement (for specific clinical indication), Dicopanol 5 mg /ML Oral suspension, 150 MLs; 1ml at bedtime #1 is not medically necessary.