

Case Number:	CM15-0097240		
Date Assigned:	05/28/2015	Date of Injury:	06/14/2014
Decision Date:	07/01/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/20/2015

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 56-year-old male, who sustained an industrial injury on 6/14/2014, due to a lifting incident while employed as a nurse. He reported feeling a twinge in his right shoulder and arm, up into his neck, and also his low back. The injured worker was diagnosed as having probable rotator cuff tear right shoulder, right shoulder sprain/strain, cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain with radicular symptoms down both lower extremities. Treatment to date has included diagnostics, medications, acupuncture, and physical therapy. Per the most recent progress report (11/19/2014), the injured worker complained of low back pain (rated 6-7/10), traveling to the right buttock area, including the right foot, with numbness and tingling sensations. He also reported neck pain, affecting the right shoulder and arm area, and right shoulder stiffness. He was currently taking Tramadol. Exam noted sensory loss in the L5-S1 dermatomes, positive Neer's impingement test and Hawkins-Kennedy test, and positive grade 4 weaknesses of the supraspinatus. Grip strength was decreased on the right and he was left hand dominant. His work status ability was full duty. The progress note did not discuss a treatment plan for Dicopanol and Fanatrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

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
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682539.html>.

Decision rationale: Pursuant to Medline plus, Dicopanol 5 mg per ML, 150 MLs 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 sprain/strain with chronic myofascial pain; lumbar radiculopathy/radiculitis; right shoulder sprain/strain; and right biceps tendinitis and possible internal derangement. The request for authorization is dated April 6, 2015. The medical record contains 32 pages. There are no progress notes by the requesting physician in the record. The pain management progress note dated November 12, 2014 and a chiropractic progress note dated November 19, 2014 is in the medical record. The pain management provider states the injured worker is taking over-the-counter ibuprofen and prescription tramadol. There is no contemporaneous progress note documentation on or about the request for authorization dated April 6, 2015. Notably, as noted above, there is no progress note/provider documentation from the requesting physician. There is no documentation indicating why liquid rather than tablet diphenhydramine is clinically indicated. There was no clinical rationale for diphenhydramine. Consequently, absent clinical documentation with a clinical indication and rationale with contemporary progress note documentation on or about the date of request for authorization, Dicopanol 5 mg per ML, 150 MLs is not medically necessary.

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 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, #420 ML 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 sprain/strain with chronic myofascial pain; lumbar radiculopathy/radiculitis; right shoulder sprain/strain; and right biceps tendinitis and possible internal derangement. The request for authorization is dated April 6, 2015. The medical record contains 32 pages. There are no progress notes by the requesting physician in the record. The pain management progress note dated November 12, 2014

and a chiropractic progress note dated November 19, 2014 is in the medical record. The pain management provider states the injured worker is taking over-the-counter ibuprofen and prescription tramadol. There is no contemporaneous progress note documentation on or about the request for authorization dated April 6, 2015. Notably, as noted above, there is no progress note/provider documentation from the requesting physician. There is no documentation indicating why liquid rather than tablet Fanatrex (gabapentin) is clinically indicated. There was no clinical rationale for Fanatrex. Consequently, absent clinical documentation with a clinical indication and rationale with contemporary progress note documentation on or about the date of request for authorization, Fanatrex 25 mg per ML, #420 ML is not medically necessary.