

Case Number:	CM14-0107328		
Date Assigned:	09/16/2014	Date of Injury:	03/31/2006
Decision Date:	11/19/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46 year old female who reported an injury to her low back and neck on 3/31/2006. The clinical note dated 05/20/14 indicates the injured worker complaining of neck and low back pain that was rated at 7-9/10. There is an indication the injured worker had previously undergone a laminectomy in the lumbar region. The note indicates the injured worker complaining of residual pain with a burning sensation. Radiating pain was identified into the bilateral lower extremities, left greater than right. Numbness and tingling were also identified in both lower extremities. The injured worker reported an increase in anxiety and depression secondary to an inability her normal daily tasks or return to the workforce. The note indicates the injured worker being recommended for chiropractic therapy. There is also an indication the injured worker being recommended for steroid injection in the low back. The nerve conduction study completed on 12/05/13 revealed essentially normal findings. The injured worker did have ongoing complaints of low back pain with numbness, tingling, and weakness in the lower extremities. The clinical note dated 02/08/14 indicates the injured worker being prescribed the use of Dicopanol, Deprizine, Fanatrex, and Synapryn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Synapryn: 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 Glucosamine (and Chondroitin Sulfate) Page(s): 50 of 127.

Decision rationale: Synapryn contains tramadol and glucosamine. There is no indication in the documentation the injured worker has been diagnosed with osteoarthritis requiring the use of glucosamine. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for this medication cannot be recommended as medically necessary.

Deprizine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

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

Decision rationale: Deprizine contains ranitidine is an H2RA which is utilized in the prophylactic treatment of gastritis associated with non-steroidal anti-inflammatory drug use. There is no indication that the injured worker cannot benefit from over-the-counter proton pump inhibitors if required. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for this medication cannot be recommended as medically necessary.

Dicopanorl: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine, Low back disorders, Medications

Decision rationale: Dicopanorl contains diphenhydramine and other proprietary ingredients and is used for the treatment of insomnia. Additionally, the injured worker has no documented diagnosis of insomnia that has failed attempts at previous prescription medications or behavior modification. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for this medication cannot be recommended as medically necessary.

Fanatrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Page(s): 49.

Decision rationale: Fanatrex contains gabapentin which is an option for neuropathic pain. Objective findings fail to establish the presence of neuropathy. Moreover, there is no evidence in the documentation the injured worker is unable to swallow and requires the suspension form of this medication versus of the pill form of this medication. As such, the request for this medication cannot be recommended as medically necessary.