

Case Number:	CM14-0054531		
Date Assigned:	07/07/2014	Date of Injury:	06/13/2011
Decision Date:	08/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of 6/13/11. A utilization review determination dated 03/25/14 recommends non-certification of Dicopanol, Fanatrex, and Deprizine. It references a 02/27/14 medical report identifying burning radicular neck pain 6/10, left shoulder pain, and burning radicular low back pain 6/10 on the right. There was also groin and abdominal pain. On exam, there was tenderness, decreased ROM, positive distraction and compression, positive impingement, Kennedy, Hawkins, and Speed tests, decreased sensation and motor strength, positive Tripod, Flip, and Lasegue's. There were multiple compounded topical and oral medications recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (Diphenhydramine) 5mg/ml oral suspension 150ml; 1ml- 5ml by mouth at bedtime.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (updated 03/14/14), Insomnia treatment.

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, Insomnia treatment Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/diphenhydramine-capsules.html>.

Decision rationale: Regarding the request for Dicopanol, California MTUS does not address diphenhydramine. The ODG notes that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. The FDA indications for diphenhydramine include use as an antihistaminic, in the management of motion sickness and Parkinsonism, and as a nighttime sleep-aid. Within the documentation available for review, there is no documentation of any of the abovementioned conditions and a clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral capsule form. In light of the above issues, the currently requested Dicopanol is not medically necessary.

Fanatrex (gabapentin) 25mg/ml oral suspension 420ml; three times a day 1 tsp(5ml) three times a day.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs. Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pages 16-21 of 127.

Decision rationale: Regarding request for Fanatrex, CA MTUS Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. The guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral capsule form comprised solely of gabapentin. In the absence of such documentation, the currently requested Fanatrex is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml; 2 tsp (10ml); Once daily.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/2712050>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Chronic Pain Medical Treatment Guidelines, page 68-69 of 127.

Decision rationale: Regarding the request for Deprizine, the California MTUS supports H2 blockers for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, there is no clear rationale for the use of this oral suspension compounded kit rather than the FDA-approved oral tablet form. In light of the above issues, the currently requested Deprizine is not medically necessary.