Case Number:	CM17-0013625		
Date Assigned:	01/26/2017	**Date of Injury:**	11/14/2016
Decision Date:	02/23/2017	**UR Denial Date:**	12/29/2016
Priority:	Standard	**Application Received:**	01/23/2017

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: Texas, Ohio
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 case involves a now 40-year-old female with a history of an occupational claim from 11/14/2016. The mechanism of injury is detailed as cumulative trauma. The current diagnoses are documented as headaches, sprain of the ligaments of the cervical spine, upper extremity radicular pain syndrome, sprain of the ligaments of thoracic spine, sprain of ligaments of lumbar spine, low back pain, anxiety disorder, pain in bilateral hands complained of bilateral fingers, pain in the thoracic spine, sprain of unspecified site of the bilateral knees, unspecified internal derangement of the bilateral knees, and lower extremity radicular pain syndrome. Past treatments were not noted for review. The patient was noted to not be utilizing medications. On 12/05/2016 the patient complained of head, neck, bilateral shoulder, bilateral elbow, bilateral wrists/hands/fingers, mid back, low back, bilateral knees, and bilateral ankles/feet pain, and anxiety, insomnia, stress, and depression due to inability to work. The physical examination of the cervical spine revealed tenderness at the suboccipital muscles, scalenes, sternocleidomastoid muscles with decreased range of motion. The physical examination of the bilateral shoulders revealed tenderness at the supraspinatus and infraspinatus, and acromial clavicular joint, subacromial space, glenohumeral joint, with decreased range of motion. Physical examination of the bilateral elbows revealed tenderness at the medial lateral epicondyles with decreased range of motion. The physical examination of bilateral wrist/hand/fingers revealed tenderness over the carpal bones, TFC, thenar, hyperthenar eminence of the right wrist, dorsal lateral aspect of the joints of the digits, dorsal extensor muscle compartments along the carpal tunnels in the left wrist. The patient decreased range of motion bilateral wrists. The patient had decreased sensation

motor strength in the upper extremities. The physical examination of the lumbar spine revealed tenderness at the L3-L5 spinous process and muscle guarding and tightness. Range of motion lumbar spine was noted to be decreased. The patient had decreased sensation and motor strength in lower extremities. The treatment plan included oral suspension medications, topical compounds, bupropion, cyclobenzaprine, Prilosec, pantoprazole, Celebrex, and venlafaxine; diagnostic studies, lumbar brace, bilateral wrist brace, knee braces, physical therapy, acupuncture, chiropractic treatment, shockwave therapy, functional capacity evaluation, psychological consultation, neurology referral, sleep study, MRI of the bilateral knees, ankles and feet, and electrodiagnostic studies of the bilateral upper and lower extremities. A request for authorization was not noted for review. The request was previously reviewed on 12/29/2016. The request for Celebrex was previously denied due to lack documentation of GI complaints or indication of failed over-the-counter NSAIDs. The requested oral suspensions were previously denied due to lack documentation of intolerance or medications or exceptional factors to support the formulation of her oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celecoxib 200mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Celebrex (celecoxib).

Decision rationale: The California MTUS 2016 Chronic Pain Guidelines state Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are indicated for osteoarthritis including knee and hip. NSAIDs are also recommended at the lowest dose and shortest period to treat moderate to severe pain. Patients should also have had an initial therapy of acetaminophen for mild to moderate pain. The patient was provided a prescription for Celebrex. However, there was lack of clinical documentation for short-term use of NSAIDs as they have increased cardiovascular and hepatic risk factors. Based on the above, the request is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Antiepilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Gabapentin (Neurontin).

Decision rationale: According to the California MTUS 2016 Chronic Pain Guidelines, Antiepileptic's are recommended for diabetic painful neuropathy, postherpetic neuralgia, and

fibromyalgia. They also state, a response to the use of AEDs has been defined as a 30%-50% reduction in pain. 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. The patient was provided a prescription for oral suspension fanatrex. However, there was lack of clinical documentation indicating the patient was not able to utilize oral capsules or tablets. There was also lack of clinical documentation the patient has significant diabetic painful neuropathy, postherpetic neuralgia, or fibromyalgia. Based on the above, the request is not medically necessary.

Dicopanol 5mg/ml oral suspension, 150ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Insomnia treatment.

Decision rationale: According to the California MTUS 2016 Chronic Pain Guidelines, sedating antihistamines have been suggested for sleep aids, however, tolerance develops within a few days, next-day sedation, impaired psychomotor and cognitive function was also noted. They are not recommended for long-term insomnia treatment. The patient was provided a prescription for oral suspension Dicopanol. However, there was lack of clinical documentation indicating the patient was not able to utilize oral capsules or tablets. There was also lack of clinical documentation the patient had insomnia issues or complaints on exam, has failed over-the-counter sleep aids or have undergone other sleep hygiene techniques.. Based on the above, the request is not medically necessary.

Deprizine 15mg/ml oral suspension, 250ml: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2007 Jan. 10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Proton Pump Inhibitors (PPIs).

Decision rationale: According to the California MTUS 2016 Chronic Pain Guidelines, proton pump inhibitors are recommended for patients at risk for gastrointestinal events and an assessment is needed for patients at risk for gastrointestinal and cardiovascular events. Over the counter formulations are recommended for an equivalent clinical efficacy and significant cost savings. The patient was provided a prescription for oral suspension Deprizine. However, there was lack of clinical documentation indicating the patient was not able to utilize oral capsules or tablets. There was also lack of clinical documentation the patient had gastrointestinal issues or complaints on exam or had dyspepsia secondary to NSAID use. There was also lack of a

gastrointestinal and cardiovascular risk assessment for review. Based on the above, the request is not medically necessary.

Tabradol 1mg/ml oral suspension, 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the California MTUS 2016 Chronic Pain Guidelines, muscle relaxants are recommended for a short course of therapy and does not allow for a recommendation for chronic use. The patient was provided a prescription for oral suspension Tabradol. However, there was lack of clinical documentation indicating the patient was not able to utilize oral capsules or tablets. There was also lack of clinical documentation the patient had muscle spasms on examination or the treatment would be on a short-term basis. Based on the above, the request is not medically necessary.