

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



---

**Notice of Independent Medical Review Determination**

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/8/2013
Date of Injury:	6/8/2012
IMR Application Received:	8/6/2013
MAXIMUS Case Number:	CM13-0007973

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Deprizine 250ml for 30 days supply is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Dicopanol 150ml for 30 days supply is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tabradol 250ml for 30 days supply is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/6/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Deprizine 250ml for 30 days supply is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **Dicopanol 150ml for 30 days supply is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **Tabradol 250ml for 30 days supply is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

The patient is a 25-year-old male that reported an injury on 06/08/2012 as the result of a slip and fall on a wet floor, causing the patient to twist his ankle, resulting in pain to the left ankle and lumbar spine. An unofficial report of an MRI of the left ankle dated 09/25/2012 reported attenuated appearance of the anterior talofibular ligament as seen with adjacent edema suspicious for sprain. The patient complains of 6/10 to 7/10 lumbar pain that radiates to the bilateral lower extremities with numbness and tingling. The patient complained of 6/10 to 7/10 pain to the left ankle that is described as constant, moderate to severe. The initial comprehensive orthopedic consultation report dated 02/14/2013 reports physical findings of tenderness to palpation over the lumbar paraspinals, the quadratus lumborum with a trigger point on the left, and at the lumbosacral junction. There is a trigger point at L2 through the sacrum and also sciatic notch tenderness noted. There is tenderness to palpation at the anterior talofibular ligament, as well as at the Achilles tendon and the peroneal tendon. The neurological exam reported findings of slightly decreased sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally. Motor strength was 4/5 in all represented muscles groups in the left lower extremity secondary to pain. Deep tendon reflexes are 2+ and symmetrical in the bilateral lower extremities. An unofficial report of an MRI of the lumbar spine dated 08/28/2012 reported L1-2 and L5-S1 disc protrusions with straightening of the lordotic curve secondary to mild spasms. The patient is being prescribed Deprazine which contains ranitidine and other proprietary ingredients used as a prophylactic treatment for events associated with the use of NSAIDs. The patient

was also prescribed Dicopanol which contains diphenhydramine and other proprietary ingredients to be used as a sleep aid for treatment of mild to moderate insomnia. Lastly, the patient was prescribed Tabradol which contains Cyclobenzaprine, methylsulfonylmethane and other proprietary ingredients for treatment of arthritic type pain and to reduce swelling.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

#### **1) Regarding the request for Deprizine 250ml for 30 days supply:**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and cardiovascular risk, page 68-69, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68 - 69, which is a part of MTUS.

##### Rationale for the Decision:

The California MTUS Guidelines recommend the use of PPIs for patients at risk of gastrointestinal events related to NSAID therapy. The California MTUS guidelines do not specifically recommend the use of H2RA medications in place of proton pump inhibitors. The guidelines recommend a PPI for patient's on NSAID therapy with high risk factors for GI upset. The clinical information submitted for review does not provide evidence of the employee's risk factors that would suggest the need for proton pump inhibitors to prevent gastrointestinal events in the individuals using NSAIDs. **The request for Deprizine 250ml for 30 days supply is not medically necessary and appropriate.**

#### **2) Regarding the request for Dicopanol 150ml for 30 days supply:**

##### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Pain, Insomnia Treatment, which is not a part of MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer

based his/her decision on the Official Disability Guidelines (ODG) (Online Edition), Pain (Chronic), Procedure Summary, Insomnia, Insomnia Treatment, which is not a part of MTUS.

Rationale for the Decision:

The Official Disability Guidelines recommend that the treatment with medication for insomnia be based on the etiology. The clinical information submitted for review does not address the employee's insomnia or its etiology. Furthermore, the clinical information submitted for review does not address the effectiveness of Dicopanol for the employee's insomnia. **The request for Dicopanol 150ml for 30 days supply is not medically necessary and appropriate.**

**3) Regarding the request for Tabradol 250ml for 30 days supply:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines, page 64, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Chronic Pain Chapter, Cyclobenzaprine (Flexeril®), pg. 16, which is a part of MTUS.

Rationale for the Decision:

The California MTUS Guidelines state the addition of Cyclobenzaprine to other agents is not recommended. Furthermore, the clinical information submitted for review fails to address the medication's efficacy by evidence of physical findings that suggest improvement in the employee's functional capabilities. **The request for Tabradol 250 mL for 30 days is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.