

<b>Case Number:</b>	CM13-0022622		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and has a subspecialty in Pain Medicine 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 physician 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 patient is a 41-year-old male who reported an injury on 07/14/2011. The mechanism of injury was noted as the patient was injured while performing a demolition project when a piece of the demolition site fell on him causing a lower back injury. The patient's main problem initially was persistent lower back pain that radiated down both legs. The pain was stated as being so severe it limited the patient's ability to walk. On 02/14/2013, the patient underwent lumbar decompression and fusion to the L5-S1 level. At the six (6) week postoperative mark, the patient noted that he had some improvement with less back pain, but some right leg pain remained, though some intermittent pain and numbness was noted; but did have overall improvement in the pain. On 04/18/2013, the patient was seen again for a follow-up with his neurosurgical consultation. At this time, he stated that he noticed improvement in his back and leg pain, although he still had some tingling in the lateral aspect of the right leg consistent with residual radiculopathy. The most recent clinical note dated 06/26/2013, the patient stated his pain was an 8 on a numeric grading scale of 0 to 10 with the pain worsening as well as noted stiffening in the spine. The patient further stated that his radicular symptoms to the right lower extremity were still present. The patient's current medication listing is not documented. However, it was noted that the patient has utilized oral medications in the past to include Deprizine which is being requested again of 5 mg/ml oral suspension 250 ml dosage at 10 ml (2 tsp) with 10 ml once daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Deprizine 5mg/ml oral suspension 250 ml Dosage: 10ml (2tsp): 10ml:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): Topical Analgesics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation online (web) Drugs

**Decision rationale:** California MTUS, ACOEM as well as the Official Disability Guidelines do not address this medication. Therefore, under Drugs.com, the online web site has been referred to in this case. According to Drugs.com, Deprizine, otherwise known as ranitidine hydrochloride, has not been found by FDA to be safe and effective, and the labeling has not been approved by FDA as well. Although the patient has been utilizing this medication for several months, there are no updated clinical documentations with a comprehensive physical exam that would indicate the medication's efficacy. Therefore, with little to no literature regarding this medications safe usage as well as efficacy, the requested service cannot be considered medically certified or safe at this time.