

Case Number:	CM14-0138845		
Date Assigned:	09/05/2014	Date of Injury:	03/28/2002
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/27/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60-year-old male with date of injury of 03/28/2002. The listed diagnoses per [REDACTED], dated 05/15/2014, are: 1. Status post four-way heart bypass. 2. Diabetes mellitus. 3. Status post carpal tunnel syndrome. 4. Right shoulder impingement. 5. Chronic lumbosacral sprain/strain with radiculitis. 6. Status post cervical spine fusion. 7. Right inguinal hernia. 8. Depression. 9. Difficulty swallowing. 10. Hearing loss. According to this report, the patient has ongoing pain in the cervical spine that radiates down the neck into the upper trapezius muscles. The pain crosses over the right shoulder into the lateral aspect of the right arm. He indicates that he must continue using his cane in the left hand. He does indicate that the medications that he uses for neuropathic-like pain provides him with good benefit. The examination shows the patient has an antalgic gait, leaning on his cane with his left hand. Muscle guarding is appreciated today with palpation in the lumbar paravertebral muscles, clinically consistent with the antalgic behavior. There is ongoing pain in the right sacroiliac joint. The utilization review denied the request on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zenpep 20-68-109k #830 (refills: 6): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Zenpep (pancrelipase) is a combination of three enzymes (proteins): lipase, protease, and amylase. These enzymes are normally produced by the pancreas and are important in the digestion of fats, proteins, and sugars. Zenpep is used to replace these enzymes when the body does not have enough of its own. Certain medical conditions can cause this lack of enzymes, including cystic fibrosis, chronic inflammation of the pancreas, or blockage of the pancreatic ducts. Zenpep may also be used following surgical removal of the pancreas. Zenpep may also be used for purposes not listed in this medication guide.

Decision rationale: This patient presents with cervical pain radiating down the neck into the upper trapezius muscles. The treating physician is requesting Zenpep with 3 refills. The MTUS, ACOEM, and ODG Guidelines do not address this request. However, www.drugs.com states that Zenpep (pancrelipase) is a combination of three enzyme proteins: lipase, protease, and amylase. These enzymes are normally produced by the pancreas and are important in the digestion of fats, proteins, and sugars. Zenpep is used to replace these enzymes when the body does not have enough of its own. Certain medical conditions can cause this lack of enzymes, including cystic fibrosis, chronic inflammation of the pancreas, or blockage of the pancreatic ducts. The records show that the patient was prescribed Zenpep on 01/18/2014. The 50 pages of records do not discuss any pancreatic problems including lack of enzymes. It is also unclear from the documents why the patient started taking Zenpep. Given that none of the guidelines support the use of this medication, the continued use is not medically necessary. The request is not medically necessary.