

Case Number:	CM14-0172817		
Date Assigned:	11/14/2014	Date of Injury:	04/05/1994
Decision Date:	12/22/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal 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 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 injured worker (IW) is a 54-year-old man with a date of injury of April 5, 1994. The mechanism of injury was not documented in the medical record. The date of initial Deep Vein Thrombosis was not in the record Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated August 12, 2014, the IW presented for his monthly follow-up visit. He had no complaints. He reports using Warfarin, INR is 3.2, and there is no bleeding. Objective physical findings revealed left calf numbness and tingling with no palpable cords, oozing or wounds. The IW was diagnosed with Deep vein thrombosis. The IW was to continue his medications as before. On June 10, 2014, the IW was given prescriptions for Quinine 324mg, Warfarin 5mg, and Prednisone 5mg with 5 refills. The medications with refills should have carried the IW through December of 2014. The treating physician is requesting authorization for Quinine 324mg, Warfarin 5mg, and Prednisone 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinine 324mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katzberg HD, Khan AH, So YT. Assessment symptomatic treatment for muscle cramps (an evidence-based review): report of the Therapeutics and Technology Assessment Subcommittee of the American Academy of Neurology. Neurology. 2010 Feb 23; 74(8);691-6 (36 references) PubMed

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:

[http://scholar.google.com/scholar_url?url=http://www.researchgate.net/publication/41532534_Assessment_symptomatic_treatment_for_muscle_cramps_\(an_evidence-based_review\)_report_of_the_therapeutics_and_technology_assessment_subcommittee_of_the_American_academy_of_neurology/file/d912f50dc94c8345aa.pdf&hl=en&sa=X&scisig=AAGBfm0rtJUiSr9kl8NOxxmGBA1Y8Ep6AQ&oi=scholar](http://scholar.google.com/scholar_url?url=http://www.researchgate.net/publication/41532534_Assessment_symptomatic_treatment_for_muscle_cramps_(an_evidence-based_review)_report_of_the_therapeutics_and_technology_assessment_subcommittee_of_the_American_academy_of_neurology/file/d912f50dc94c8345aa.pdf&hl=en&sa=X&scisig=AAGBfm0rtJUiSr9kl8NOxxmGBA1Y8Ep6AQ&oi=scholar))

Decision rationale: Pursuant to the American Academy of neurology, Quinine 324 mg #30 is not medically necessary. There was no information available in the ACOEM, The Medical Treatment Utilization Schedule, and the Official Disability Guidelines. A search of the American Academy of neurology (see attached link:

[http://scholar.google.com/scholar_url?url=http://www.researchgate.net/publication/41532534_Assessment_symptomatic_treatment_for_muscle_cramps_\(an_evidence-based_review\)_report_of_the_therapeutics_and_technology_assessment_subcommittee_of_the_American_academy_of_neurology/file/d912f50dc94c8345aa.pdf&hl=en&sa=X&scisig=AAGBfm0rtJUiSr9kl8NOxxmGBA1Y8Ep6AQ&oi=scholar](http://scholar.google.com/scholar_url?url=http://www.researchgate.net/publication/41532534_Assessment_symptomatic_treatment_for_muscle_cramps_(an_evidence-based_review)_report_of_the_therapeutics_and_technology_assessment_subcommittee_of_the_American_academy_of_neurology/file/d912f50dc94c8345aa.pdf&hl=en&sa=X&scisig=AAGBfm0rtJUiSr9kl8NOxxmGBA1Y8Ep6AQ&oi=scholar)) concluded although likely effective (quinine) their use should be avoided for routine treatment of muscle cramps due to the severe adverse side effects. These medicines should be used only when cramps are very disabling, no other agents relieve patient's symptoms, and there's careful monitoring of side effects. The provider is highly advised to inform the patient of the potentially severe serious side effects. In this case, the injured worker's claims have a history of Deep Vein Thrombosis (DVT) by history. There is no documentation in the medical record as to specific dates of DVT or muscle cramps. DVT is not an indication for Quinine. The injured worker was given a prescription for quinine 324 mg #30 with five refills in June 2014. The refills should have carried the injured worker through December 2014. There is no documentation in the medical record to support the quinine prescription and the refills were not appropriate at this time. Consequently, Quinine 324#30 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, quinine 324#30 is not medically necessary.

Warfarin 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Michigan Quality Improvement Consortium. Outpatient management of uncomplicated deep venous thrombosis. Southfield (MI): Michigan Quality Improvement Consortium; 2013 Aug. 1 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee and Leg section, DVT Warfarin

Decision rationale: Pursuant to the Official Disability Guidelines, Warfarin 5 mg #60 is not medically necessary. Warfarin is recommended as an anticoagulation treatment option for patients with Venous Thromboembolism (VTE) of the leg. See venous thromboembolism for

additional details. In this case, the medical record does not contain documentation as to the exact date of venous thromboembolism or deep vein thrombosis thrombophlebitis in this injured worker. It is unclear from the medical record how long the injured worker has been taking Warfarin. The medical record does contain INR checks to determine therapeutic levels. The injured worker was given a prescription June 10 of 2014 with five refills which should carry the injured worker through December 2014. Consequently, Warfarin 5 mg #60 is not medically necessary at this time and based on the absent documentation it is unclear whether Warfarin is indicated medically at this time. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Warfarin 5 mg #60 is not medically necessary.

Prednisone 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264, 271, Chronic Pain Treatment Guidelines Chronic pain of CRPS, medications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Oral Corticosteroids

Decision rationale: Pursuant to the Official Disability Guidelines, Prednisone 5 mg #60 is not medically necessary. Oral corticosteroids (Prednisone) are not recommended for chronic pain except for polymyalgia rheumatica. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. In the low back chapter they are recommended in limited circumstances for acute radicular pain. In this case, the documentation shows the injured worker had a history of DVT. As noted above, the date of onset of DVT is unclear. There are no other diagnoses or clinical medical problems in the medical record documentation to support the use of prednisone. There was no acute radicular pain noted in the medical record. Additionally, Prednisone 5 mg #60 was prescribed June 10, 2014. There were five refills given with this prescription. With five refills should carry the injured worker through December 2014. Consequently, there is no medical indication in the medical record for prednisone and chronic pain is not an indication. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Prednisone 5 mg #60 is not medically necessary.