MAXIMUS Federal Services

Case Number:	CM14-0020009		
Date Assigned:	05/09/2014	Date of Injury:	01/28/2011
Decision Date:	06/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/27/2014

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 Family Practice and is licensed to practice in Texas. 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 is a 38 year old male who reported an ijury on 01/28/2011. The mechanism of injury was not provided in the clinical documentation. Per the clinical note dated 12/04/2012 the injured worker reported constant moderate to severe burning bliateral knee pain and muscle spasms greater on the right with pain rated at 6-7/10. The injured worker states medications offer temporary relief of pain. Per the physical exam the injured worker was able to squat to approximately 90% of normal with crepitus to the left patellofemoral joints and mild pain bilaterally. Range of motion is normal bilaterally. Apley's compression test and patella femoral grind test were both positive bilaterally. The request for authorization of medical treatment was not included in the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DEPRIZINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SSYMPTOMS AND CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: Per CA MTUS Guidelines state that H2-receptor antagonists or a PPI is recommended for the treatment of dyspepsia secondary to NSAID therapy. The guidelines recommend stopping the NSAID, switching to a different NSAID, or considering an H2-receptor antagonists or a PPI. Deprizine is a compound containing ranitidine hydrochloride, an H2-receptor, in an oral suspension. Ranitidine works by reducing the amount of acid the stomach produces. There is a lack of documentation regarding the injured worker having used any NSAIDS. There is a lack of documentation regarding any dyspepsia or other stomach conditions that would require the use of an H2-receptor antagonists. In addition, the request does not contain the dose or quantity of the proposed medication. Therefore, the request for retrospective Deprizine is not medically necessary.