

Case Number:	CM14-0025957		
Date Assigned:	06/13/2014	Date of Injury:	12/16/2012
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/28/2014

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 and 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 40 year-old female with a 12/16/12 date of injury. She has been diagnosed with cervical disc displacement; lumbar disc displacement; radiculopathy unspecified; internal derangement bilateral knees; tear of medial meniscus; anxiety disorder; depressive disorder; nonorganic sleep disorder. According to the 1/17/14 orthopedic report from [REDACTED], the patient presents with 8/10 neck pain, 7/10 radicular low back pain, 6-7/10 bilateral knee pain and has stress, anxiety and depression. On 2/13/14, UR recommended non-certification for Dicopanorl; and Deprizine.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICOPANOL 1 ML PO AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter online for Insomnia treatment.

Decision rationale: According to the 1/17/14 orthopedic report from [REDACTED], the patient presents with 8/10 neck pain, 7/10 radicular low back pain, 6-7/10 bilateral knee pain and has stress, anxiety and depression. The request is for Dicopanol, 1ml at bedtime. Dicopanol is reported to be diphenhydramine 5mg/ml in an oral suspension with other proprietary ingredients. Chronic Pain Medical Treatment Guidelines in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. Since components of "other proprietary ingredients" are unknown, they cannot be compared against Chronic Pain Medical Treatment Guidelines criteria, and therefore cannot be confirmed to be in accordance with Chronic Pain Medical Treatment Guidelines. Given the above the request is not medically necessary.

DEPRIZINE 10ML QD, 5MG/ML ORAL SUSPENSION 250ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the 1/17/14 orthopedic report from [REDACTED], the patient presents with 8/10 neck pain, 7/10 radicular low back pain, 6-7/10 bilateral knee pain and has stress, anxiety and depression. The request is for use of Deprizine. Deprizine is reported to be a compound with ranitidine and other proprietary ingredients. The reporting does not discuss any GERD or ulcers, and does not discuss any of the Chronic Pain Medical Treatment Guidelines risk factors for GI events. Chronic Pain Medical Treatment Guidelines in general for compounded medications, page 111 states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The "other proprietary ingredients" are not disclosed. There are no reported indications for use of ranitidine, and no discussion of the Chronic Pain Medical Treatment Guidelines risk factors for GI events that would allow for use of an H2 receptor antagonist on an prophylactic basis, and since components of "other proprietary ingredients" are unknown, they cannot be compared against Chronic Pain Medical Treatment Guidelines criteria, and therefore cannot be confirmed to be in accordance with Chronic Pain Medical Treatment Guidelines. The request is not in accordance with Chronic Pain Medical Treatment Guidelines, therefore is not medically necessary.