

Case Number:	CM14-0075839		
Date Assigned:	07/16/2014	Date of Injury:	03/22/2006
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational 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:

Medical records from 2014 were reviewed. Patient is status post lumbar spine surgery (2006) and complains of chronic residual pain rated at 4-5 out of 10. Pain is associated with numbness and tingling of the bilateral lower extremities. Physical examination reveals a well-healed incision scar at the lower back. There is tenderness to palpation over the lumbar paraspinal muscles and at the spinous processes L1-L5. Lumbar spine range of motion is also limited. Treatment to date has included oral medications, analgesics, physical therapy and surgery. Utilization review from 05/06/2014 denied the requests Deprizine 15mg 150ml because the medical records do not establish that the patient is at an intermediate risk for gastrointestinal upset to indicate the need for an H2 blocker. There is no indication that the patient has failed a trial of a first line generic H2 blocker to indicate the need for this compounded medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg 150ml (Ranitidine and other ingredients): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter- compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation FDA, Deprizine.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, Deprizine is Ranitidine with other proprietary ingredients in oral suspension. It is used to treat and prevent ulcers in the stomach and intestines. In addition, according to CA MTUS Chronic Pain Medical Treatment Guidelines, the criteria to determine if the patient is at risk for a gastrointestinal event are as follows; (1) age greater than 65 years old; (2) history of peptic ulcer disease, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID use. In this case, Deprizine was prescribed as prophylactic treatment for gastric ulcers. This patient is 53 years old and documentation did not indicate if a history of any previous episodes of peptic ulcer disease (PUD), gastrointestinal (GI) bleeding or perforation occurred. The patient is not on acetylsalicylic acid (ASA), corticosteroid or multiple/high dose NSAIDs for treatment. Moreover, patient had no subjective complaints or objective findings pertaining to the gastrointestinal system that may warrant prescription of such. Moreover, there is no rationale provided for the medical necessity of an oral suspension. Clearly, the patient does not meet the criteria to be considered at risk for a GI event, and prophylactic treatment with Deprizine is not warranted. Therefore, the request for Deprizine 15mg 150ml (Ranitidine and other ingredients) was not medically necessary.