

Case Number:	CM14-0090210		
Date Assigned:	07/23/2014	Date of Injury:	03/01/2013
Decision Date:	08/28/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/16/2014

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 and is licensed to practice in Nevada. 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 47-year-old female who was reportedly injured on March 1, 2013. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note dated April 1, 2014, indicates that there are ongoing complaints of neck with numbness and tingling in the upper extremities and low back pain radiating to the left lower extremity. Medications and patches offer temporary relief. The physical examination demonstrated tenderness along the occiput of the cervical spine and distally along the paracervical, trapezius and levator scapulae muscles. There was decreased sensation bilaterally although it is not stated where and 4/5 motor strength. Examination of the lumbar spine noted tenderness along the lumbar paraspinal muscles and decreased lumbar spine range of motion. Distal sensation was intact and there was decreased motor strength bilaterally. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a home exercise program. A request was made for Deprizine and Dicopanол and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 2501mg QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html>.

Decision rationale: Deprizine is a brand name for ranitidine which is commonly used to treat ulcers and gastroesophageal reflux conditions or other stomach acid issues. The attached medical record does not indicate that the injured employee has any of these gastrointestinal problems. Therefore this request for Deprizine is not medically necessary.

Dicopanol 250ml QTY: 1.00: 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 website, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601106.html>.

Decision rationale: Dicopanol is a brand name of Diphenhydramine which is often used to relieve allergy symptoms and cold symptoms. It is not indicated for the treatment of chronic pain. Therefore this request for Dicopanol is not medically necessary.