

Case Number:	CM14-0099994		
Date Assigned:	09/16/2014	Date of Injury:	01/05/2014
Decision Date:	10/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, 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 48 year old female who was injured at work on 01/ 05/2014. The injured worker is reported to be complaining of severe headaches, vision disturbances, burning radicular neck pain, burning pain in both shoulders that radiate to the fingers. In addition, she complains of pain in her low back, ankles and knees. The physical examination was positive for tenderness to palpation of the neck and lower aspect of the back of her head; limited range of motion of the neck, lower back, and left shoulder, positive supraspinatus test of left shoulder, tenderness in the area between the left shoulder and the upper chest, negative left shoulder apprehension test, negative drop arm test. There was slight weakness in both upper limbs, mild sensory loss in C7, C8, and T8 areas of both upper limbs. Diagnosis include Visual disturbance; Headaches; Cervicalgia; Cervical Disc displacement; R/O radiculopathy, cervical region; low back pain; R/O Radiculopathy , Lumbar region; left shoulder tendinitis/ Bursitis. Treatments include Motrin, Medrol dose pak , Flexeril, Cyclobenzaprine Cream, Fanetrex, Synaprn, Tabradol, Dicopanorl Topical Ketoprofen 20% solution and Deprizine 15mg/ml solution. At dispute is the request for Deprizine 15 mg/ml Oral Suspension #250 ml, Take 2 Teaspoons (10 ml) Once daily or as Directed by Your Physician for Gastrointestinal Pain and as a Prophylaxis Against the Development of Gastric Ulcer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15 mg/ml Oral Suspension #250 ml, Take 2 Teaspoons (10 ml) Once daily or as Directed by Your Physician for Gastrointestinal Pain and as a Prophylaxis Against the Development of Gastric Ulcer: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter: Compound Drugs; Wynn, 2011; Laine, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The injured worker sustained a work related injury on 01/ 05/2014. The medical records provided include the diagnosis of Visual disturbance; Headaches; Cervicalgia; Cervical Disc displacement; R/O radiculopathy, cervical region; low back pain; R/O Radiculopathy , Lumbar region; left shoulder tendinitis/ Bursitis. Treatments have included include Motrin, Medrol dose pack , Flexeril, Cyclobenzaprine Cream, Fanetrex, Synaprn, Tabradol, Dicopanol Topical Ketoprofen 20% solution and Deprizine 15mg/ml solution. The medical records provided for review indicate a medical necessity for Deprizine 15 mg/ml Oral Suspension #250 ml, Take 2 Teaspoons (10 ml) Once daily or as Directed by Your Physician for Gastrointestinal Pain and as a Prophylaxis Against the Development of Gastric Ulcer. The MTUS guideline for the use of H2 receptor aantagonists like Deprizine(Ranitidine) or the proton pump inhibitors include age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Although the injured worker is less than 65 years of age, has no history of GI symptoms, the records revealed the injured worker is currently being treated with both Medrol dose pack (a corticosteroid) and Motrin (a nonsteroidal anti-inflammatory drug). Therefore, the requested treatment is medically necessary.