

Case Number:	CM15-0003535		
Date Assigned:	01/14/2015	Date of Injury:	01/11/2008
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on 1/11/2008. The diagnoses have included cervical spine herniated nucleus pulposus (HNP), low back pain, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine degenerative disc disease, facet joint hypertrophy and anxiety disorder. Past medical history included hypertension and Parkinson's disease. Treatment to date has included pain medications and shockwave therapy. Per the Primary Treating Physician's Progress Report from 11/11/2014, the injured worker complained of burning, radicular neck pain and muscle spasms. The pain was associated with radiating pain, numbness and tingling of the bilateral lower extremities. The injured worker also complained of burning, bilateral shoulder pain and burning, radicular low back pain. The injured worker reported that his medications offered temporary relief of pain and improved his ability to have restful sleep; he denied any problems with the medications. Treatment plan included Terocin patches for pain relief, continue shockwave therapy and await consults with internal medicine, pulmonology, pain management and psychology and continue medications. Authorization was requested for Deprizine. On 12/12/2014 Utilization Review (UR) non-certified a request for Deprizine 15mg/milliliter oral suspension, 10ml daily, 250ml, noting that there was no evidence of need for this medication. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml quantity 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Deprizine contains ranitidine hydrochloride in an oral suspension. Ranitidine is an H2 receptor antagonist. The guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of a gastrointestinal event. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Deprizine 15mg/ml quantity 250ml is determined to not be medically necessary.