

Case Number:	CM15-0160021		
Date Assigned:	08/26/2015	Date of Injury:	01/01/2015
Decision Date:	09/29/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 39 year old female who sustained an industrial injury on 01/01/2015. She reported injury to the neck, mid back and low back following a motor vehicle accident in which she was rear-ended by another vehicle. The injury also caused sleeping problems. The injured worker was diagnosed as having: Cervical spine sprain-strain; herniated nucleus pulposus; Cervical spine radiculopathy; Thoracic spine pain; Thoracic spine sprain-sprain, herniated nucleus pulposus; Low back pain; Lumbar spine sprain-strain, herniated nucleus pulposus; Radiculitis, lower extremity. Treatment to date has included medications, chiropractic care, and medication management. Currently, the injured worker complains of burning, radicular neck pain and muscle spasms, radicular back pain and muscle spasms, and radicular low back pain and muscle spasms. Pain is rated at a level of 6-7 on a scale of 0-10. Movement such as looking up and down or repetitive motion of the head and neck irritates her neck pain, prolonged positioning, as sitting, standing, walking and bending aggravates her mid back pain, and activities of daily living, and positioning, climbing stairs, arising from a sitting position and stooping aggravate her low back pain and muscle spasms. On exam, there is tenderness to palpation at the occiput, trapezius, sternocleidomastoid and levator scapula muscles. There is restriction of active range of motion of the cervical spine. Neurological examination of the upper extremities reveals slightly diminished sensation to pinprick and light touch over the C5-6-7-8 and T1 dermatomes of the upper extremities. Motor strength is slightly diminished. Sensation to pinprick and light touch is intact T1-T12 bilaterally. The range of motion of the thoracic spine is restricted slightly in extension and rotation and more

so in flexion. There is tenderness to palpation at the spinal segments L4-S1 more so on the left side. Posterior superior iliac spine and sciatic notch tenderness is noted. The plan of care is for continuation of medications for pain, continue with a course of acupuncture, and continue chiropractic care and therapy. A request for authorization was submitted for Deprizine 15mg/ml oral suspension 250ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, deprizine.

Decision rationale: The California MTUS, ODG and the ACOM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of gastritis, dyspepsia, peptic ulcer disease and GERD. The patient does not have any of these as a primary diagnosis due to industrial incident. Therefore, the request is not medically necessary.