

Case Number:	CM15-0032241		
Date Assigned:	02/25/2015	Date of Injury:	02/28/2014
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male, who sustained an industrial injury on February 28, 2014. His diagnoses include chronic pain, lumbar radiculopathy, and lumbar facet syndrome. He has been treated with medications including compound medications for sleep, gastrointestinal prophylaxis, pain, and muscle relaxant. On February 4, 2015, his treating physician reports burning, radicular low back, bilateral hip, and bilateral knee pain and muscle spasms. The pain is constant, moderate to severe. Associated symptoms include numbness and tingling in the bilateral lower extremities, stress, anxiety, insomnia, and depression. His medications provided temporary relief of his pain and improve his sleep. The physical exam revealed no acute distress. The treatment plan includes continuing his current compound medications. On February 5, 2015, Utilization Review non-certified a prescription for Deprizine 15mg/ml 250ml (ranitidine), noting the guidelines do not compound medications as a first-line therapy, but as an option after a trial of first-line (Food and Drug Administration) approved drugs, if the compound drug uses (Food and Drug Administration) approved ingredients. This compound medication contains ranitidine. There was a lack of evidence of intolerance to oral ranitidine and the need for a histamine 2 receptor antagonist. In addition, there was no of evidence of current gastrointestinal symptoms, oral non-steroidal anti-inflammatory drug(s) use, and/or that the patient was at a high risk for a gastrointestinal event. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml 250ml (ranitidine): Upheld

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), Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML contains Ranitidine which is a histamine H2 receptor antagonist. According to MTUS guidelines, Ranitidine is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Deprizine 15mg/ml 250ml (ranitidine) is not medically necessary.