

Case Number:	CM15-0039837		
Date Assigned:	03/10/2015	Date of Injury:	06/28/2013
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female, who sustained an industrial injury on June 28, 2013. The injured worker had reported an injury to the back, right arm and wrist. The diagnoses have included cervical radiculitis, cervical sprain/strain, thoracic sprain/strain, right elbow sprain/strain, right forearm pain, right wrist sprain/strain, mood disorder and right wrist and hand tenosynovitis. Treatment to date has included medications, chiropractic care, acupuncture treatments, physical therapy, injections, localized intense neurostimulation therapy and radiological studies. Current documentation dated January 2, 2015 notes that the injured worker complained of burning neck pain with radiation to the bilateral upper extremities. Associated symptoms included numbness and tingling. She also noted burning right wrist pain with associated weakness, numbness and tingling of the hand and fingers. The injured worker also complained of burning radicular low back pain. The pain was associated with numbness and tingling of the bilateral lower extremities. The injured worker was noted to have anxiety, insomnia and depression related to her injuries. Physical examination of the cervical spine revealed tenderness to palpation and a decreased range of motion. Cervical distraction and cervical compression tests were positive. Examination of the right wrist revealed tenderness to palpation and a decreased range of motion. Sensation to pinprick and light touch was slightly diminished over the cervical dermatomes. Lumbar spine examination showed tenderness to palpation and a decreased range of motion. Straight leg raise test was positive bilaterally. The treating physician's recommended plan of care included continuation of her medications including Deprizine for gastrointestinal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (web), Physician dispensed drugs; Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Risk factors Page(s): 68-69.

Decision rationale: Regarding the request for ranitidine, this is a H2 receptor antagonists which is used in the management of dyspepsia and gastroesophageal reflux disease. The California MTUS provides guidelines as to who would be at risk for gastrointestinal events, and states the following criteria is used: (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). Although the referenced guidelines specify identifying these GI risk factors in the context of usage of PPI and misoprostol, the usage of these guidelines can be extrapolated to H2 receptor antagonists given the overlapping indications of this class of medication for gastritis, dyspepsia, and gastrointestinal ulcers. Within the medical records available for review, there is no recent documentation that the injured worker has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. Based on the guidelines, the injured worker does not meet the criteria for being at risk for gastrointestinal events with NSAID use. Furthermore, there is no documentation that the injured worker has any derived benefit from this medication. In light of the above issues and in the absence of documentation, the currently requested medication is not medically necessary.