MAXIMUS Federal Services

Case Number:	CM15-0044064		
Date Assigned:	03/16/2015	Date of Injury:	10/29/2012
Decision Date:	04/22/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	03/09/2015

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 40-year-old male, who sustained an industrial injury on 10/29/2012. He reported feeling cramping and weakness in his legs after falling onto a hammer. The diagnoses have included lumbar disc displacement, lumbar spine pain, lumbar spine radiculopathy and left hip sprain/strain. Treatment to date has included physical therapy, epidural injections and medication. According to the progress report dated 12/16/2014, the injured worker complained of burning, radicular back pain and muscle spasms. He rated the pain as 6-7/10. The pain was associated with numbness and tingling of the bilateral lower extremities. He complained of burning left hip pain and muscle spasms. He stated that medications offered him temporary relief of pain and improved his ability to have restful sleep. Exam of the lumbar spine revealed tenderness to palpation at the lumbar paraspinal muscles and over the lumbosacral junction. Range of motion was decreased. Left hip exam revealed tenderness to palpation at the left greater trochanter. The treatment plan was for magnetic resonance imaging (MRI) of the lumbar spine and left hip and to continue medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 5mg/ml Oral suspension 10ml (2 tsp) once daily Qty; 250ml on 1/3/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/pro/deprizine.html.

Decision rationale: Regarding the request for Deprizine, Deprizine contains active and inactive bulk materials to compound a ranitidine hydrochloride oral suspension. California MTUS do not directly address H2 antagonists such as ranitidine, but they do have provisions for proton pump inhibitors, a similar type of medications but of a different class. Therefore, these guidelines on PPI can be extrapolated to address the appropriateness of deprizine. The MTUS specify that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. There is no documentation of (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). The patient is on flurbiprofen, an NSAID, but this by itself does not warrant use of Deprizine. In light of the above issues, the currently requested Deprizine is not medically necessary.