MAXIMUS Federal Services

Case Number:	CM15-0047541		
Date Assigned:	03/19/2015	Date of Injury:	08/13/2013
Decision Date:	04/24/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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 York
Certification(s)/Specialty: Internal 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 50 year old male, who sustained a work/ industrial injury on 8/13/13. He has reported initial symptoms of pain to neck, bilateral shoulders, mid back, right hip, right knee. The injured worker was diagnosed as having degenerative disc disease cervical spine with spondylosis, degenerative disk disease mid spine with spondylosis, degenerative disc disease lumbar spine with 3 to 4 mm bulging disk at L3-4, L4-5 and L5-S1, left knee degenerative disease, right shoulder SLAP lesion, s/p arthroscopy x 2' left mild SLAP lesion (shoulder labral tear). Treatments to date included medication, surgery, injections, and physical therapy. Currently, the injured worker complains of right shoulder weakness and stiffness. The treating physician's report (PR-2) from 1/21/15 indicated limited range of motion to the right shoulder, decreased pain with plan for finish of strengthening of shoulder. Examination on 1/9/15 revealed cervical spine flexion/extension of 70 degrees, strength of deltoids, biceps, and wrist flexors/extensors 5/5, positive head compression test. Shoulder exam 160 degrees flexion, 20 degrees extension, 150 degrees abduction, 20 degrees adduction/ internal rotation/ external rotation. Thoracic spine had no spasms, 60 degrees of flexion and 10 degrees of extension. Lumbar spine 60 degrees extension, negative straight leg raises (SLR). Knees reveal 120 degrees flexion, mild crepitation, negative drawer and posterior drawer. Treatment plan included Retrospective: Deprizine (ranitidine), Terocin patches (menthol/lidocaine), and Dicopanol 5mg/ml (diphenhydramine) refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Deprizine 15mg/ml (ranitidine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To- Date.

Decision rationale: Deprizine 15mg/ml Oral Suspension (Ranitidine) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Ranitidine works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to both prevent and treat ulcers in the duodenum (where most ulcers develop) and the stomach. They also counter the various problems that occur when stomach acid escapes into the esophagus, which if it happens on a regular basis, is GERD. In most trials, the PPIs have proved to be superior to the H2 blockers. Deprizine oral suspension is a suspension consisting of undissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Deprizine (Ranitidine) oral suspension has not been established. The requested medication is not medically necessary.

Retrospective Terocin patches #30 (menthol/lidocaine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was no documentation of intolerance to other previous medications. Medical necessity for the

requested topical medication was not established. The requested treatment was not medically necessary.

Retrospective Dicopanol 5mg/ml (diphenhydramine): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date.

Decision rationale: Diphenhydramine is an antihistamine that is used for the temporary relief of seasonal and perennial allergy symptoms. The medication is sedating and has been used for short-term treatment of insomnia. There is no documentation indicating the patient has any history of insomnia. Dicopanol 5mg/ml, the oral suspension form of Diphenhydramine, is generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity for the requested oral suspension medication is not established. The requested medication is not medically necessary.