

<b>Case Number:</b>	CM15-0056216		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 59-year-old male, who sustained an industrial injury on 02/05/2013. He reported feeling a sharp pain in his back when climbing up into a truck. Treatment to date has included MRI, physical therapy, spine surgery and medications. Diagnoses included lumbago, status post lumbar spine surgery and rule out lumbar radiculopathy. According to the most recent progress report submitted for review and dated 12/31/2014, the treatment plan included Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen Cream, and Terocine patches, x-rays of the lumbar spine, TENS unit, acupuncture, chiropractic treatment, CT (computed tomography) scan of the lumbar spine, electro diagnostic testing and referral to pain management specialist.

### 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 NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs) and Other Medical Treatment Guidelines 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 states that proton pump inhibitors 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, a need for a suspension rather than a pill, or another indication for this medication. In light of the above issues, the currently requested Deprizine is not medically necessary.

**Dicopanol 5mg/ml #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, [nlm.nih.gov](http://nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/dicopanol.html>.

**Decision rationale:** Regarding the request for Dicopanol, Dicopanol contains active and inactive bulk materials to compound a diphenhydramine hydrochloride oral suspension. California MTUS guidelines are silent. ODG states sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to treatment with Dicopanol. Finally, there is no indication that Dicopanol is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested Dicopanol is not medically necessary.