MAXIMUS Federal Services

Case Number:	CM15-0237494		
Date Assigned:	12/14/2015	Date of Injury:	07/17/2014
Decision Date:	01/20/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/04/2015

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

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-work injury on 7-17-14. The injured worker was diagnosed as having lumbar sprain-strain and muscle spasm to back, lumbar disc protrusion, lumbar myofascitis. Treatment to date has included medication, diagnostics, chiropractic sessions (adjustments), pre-adjustive physiotherapy with electrical muscle stimulation, intersegmental traction, and vibratory massage. MRI results were reported on 8-18-14 that revealed straightening of the lumbar spine, disc desiccation at L4-5 and L5-S1, a 2.9 disc bulge at L4-5 and a 3.2 bulge at L5-S1. On 7-23-15, there were no complaints of low back pain. Exam noted no bruising, swelling, atrophy, or lesion present at the lumbar spine. Currently, per 10-27-15 report, the injured worker complained of lower back pain rated 1 out of 10 at its worst, that is presently better and relieved after walking and does not interfere with sleep patterns. There is some mild interference with ADL's (activities of daily living). He is presently working. Per the primary physician's progress report (PR-2) on 10-27-15, exam noted taut and tender muscle fibers paraspinally as well as spinous process tenderness over the lumbar spine paravertebral muscles, more on the right, kinetic palpation revealed a decrease in the intervertebral motor unit motion and overall joint play at L4-5, range of motion was normal as well as orthopedic testing. The Request for Authorization requested service to include Deprizine 15mg/ml oral suspension 250ml. The Utilization Review on 11-12-15 denied the request for Deprizine 15mg/ml oral suspension 250ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The 40 year old patient complains of low back pain, rated at 1/10, associated with paraesthesias, as per progress report dated 10/27/15. The request is for Deprizine 15mg/ml oral suspension 250ml. There is no RFA for this case, and the patient's date of injury is 07/17/14. Diagnoses, as per progress report dated 10/27/15, included lumbar spine disc protrusion and lumbar spine myofascitis. Diagnoses, as per progress report dated 09/03/14, included lumbar sprain/strain and lumbar radiculopathy. The low back pain is rated at 6-8/10, as per this report. Medications included Deprizine, Fanatrex, Dicopanol, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream. The patient has been allowed to work without restriction, as per progress report dated 10/27/15. Deprizine is ranitidine (zantac, H2-receptor antagonist) mixed with other proprietary ingredients in an oral suspension. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss Deprizine. However, MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69, states that, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Deprizine is only noted in progress report dated 09/03/14. Recent reports available for review document minimal back pain and do not list any medications. The patient did have significant pain during the 09/03/14 visit, and was on several pain medications. The treater states that Deprizine was prescribed as "many patients who are on an oral NSAID to treat acute or chronic pain are at risk for gastrointestinal perforation/hemorrhage." Prophylactic use of PPI is indicated by MTUS. However, the report does not indicate that the patient is on an oral NSAID. There is no evidence of gastric problems, and there is no mention of GI issues the patient might be suffering from. Additionally, ACOEM guidelines, page 492 considers apparent reasonableness of the treatment including "cost-effectiveness" when considering medical treatments. Without a clearer rationale as to why this patient is unable to tolerate standard oral medications, the requested oral suspension cannot be substantiated. Hence, the request is not medically necessary.