

<b>Case Number:</b>	CM14-0027308		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/11/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California, Florida, and New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51-year-old male who reported injury on 08/11/2013. The mechanism of injury was the injured worker slipped on a wet floor, hitting his head, low back and lower legs on a pallet jack. The surgical history was not provided. The documentation indicated the injured worker underwent physical therapy and an x-ray of the lumbar spine. The documentation indicated the injured worker was prescribed the medications of Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and ketoprofen cream as of 10/2013. The documentation of 02/09/2014 revealed the injured worker was prescribed Dicopanol and Deprizine. The injured worker's diagnoses included status post blunt head trauma with headaches, lumbar spine disc displacement, and grade 1 anterolisthesis of L3 over L4 and L4 over L5, lumbar radiculopathy, and right ankle and foot sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICOPANOL 5MG/ML ORAL SUSPENSION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 Treatments, does not specifically address Dicopanol Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The Official Disability Guidelines indicate that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine) and that tolerance seems to develop within a few days. Per Drugs.com, Dicopanol is diphenhydramine hydrochloride and it was noted this drug has not been found by the FDA to be safe and effective and the labeling was not approved by the FDA. The use of an oral suspension medication is only supported in the instances when the drug is unavailable in tablet or capsule form or when the patient's condition substantiates their inability to swallow or tolerate a pill. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The documentation indicated the injured worker had been utilizing the medication since at least 10/2013. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for Dicopanol 5 mg/mL oral suspension is not medically necessary.

**DEPRIZINE 15MG/ML ORAL SUSPENSION 250ML:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68, 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=Deprizine>.

**Decision rationale:** The California MTUS Guidelines recommends Histamine 2 blockers for treatment of dyspepsia secondary to NSAID therapy. The medication Deprizine includes ranitidine which is a Histamine 2 blocker and can be used for the treatment of dyspepsia. However, per Drugs.com, Deprizine: Generic Name: ranitidine hydrochloride has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. The clinical documentation submitted for review failed to provide documentation to support nonadherence to FDA guidelines. The clinical documentation indicated the injured worker had utilized the medications since at least late 10/2013. There was lack of documentation of objective benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Deprizine 15 mg/mL oral suspension is not medically necessary.