

Case Number:	CM14-0169029		
Date Assigned:	12/15/2014	Date of Injury:	04/05/1994
Decision Date:	01/15/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Pulmonary Diseases, and is licensed to practice in California. 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 54-year-old male who reported an injury on 04/05/1994. The mechanism of injury was not stated. The injured worker is currently diagnosed with deep vein thrombosis. The injured worker presented on 08/12/2014. It is noted that the injured worker is currently utilizing warfarin 5 mg. The latest INR level was documented at 3.2. The physical examination revealed normal findings. Treatment recommendations included continuation of quinine 324 mg, warfarin 5 mg, and prednisone 5 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinine 324 mg, quantity (QTY): 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Assessment: symptomatic treatment for muscle cramps: Therapeutics technology Assessment Subcommittee of the American Academy of Neurology. 2010 Feb 23;74(8):691-6

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 24 Dec 2014.

Decision rationale: According to the U.S. National Library of Medicine, quinine is used alone or with other medications to treat malaria. Quinine is in a class of medications called antimalarials. It is also used to treat a serious or life threatening illness that is transmitted from animals to humans by ticks. As per the documentation submitted, the injured worker has continuously utilized this medication since at least 03/2014. The medical necessity for the requested medication has not been established. Additionally, there was no frequency listed in the request. Therefore, the request is not medically appropriate at this time.