

Case Number:	CM14-0214475		
Date Assigned:	01/07/2015	Date of Injury:	06/28/2006
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, shoulder, and wrist pain reportedly associated with an industrial injury of June 20, 2006. In a Utilization Review Report dated November 26, 2014, the claims administrator denied a request for Qulaquin. The claims administrator referenced an April 28, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On April 28, 2014, the applicant reported persistent complaints of elbow, thumb, and hand pain, reportedly exacerbated by gripping and grasping. The applicant also had numbness about the ulnar nerve distribution. The attending provider suggested that the applicant was employing quinine (Qulaquin) for antispasmodic effect. The applicant received a thumb corticosteroid injection. It was stated that the applicant was considering a thumb arthroplasty procedure. In a Medical-legal Evaluation of December 4, 2009, it was stated that the applicant was employing Lyrica, Motrin, and Qulaquin. The applicant was reportedly using Qulaquin for muscle spasms. The applicant had a past medical history notable for hypertension and a past surgical history notable for cervical fusion surgery. The applicant had reportedly quit smoking, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Qulaquin 324mg #60 no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Quaaliquin Product Alert, August 2010

Decision rationale: While the MTUS does not specifically address the topic of Quaaliquin, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, has issued an alert dated August 4, 2010 stating that Quaaliquin should not be employed for nighttime leg cramps or, by implication, be employed for the antispasmodic effect for which it was seemingly prescribed here. The attending provider did not furnish any compelling applicant-specific information which would offset the unfavorable FDA position on usage of Quaaliquin (quinine) for muscle spasms and/or cramps, the issue reportedly present here. Therefore, the request is not medically necessary.