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| Case Number: | CM14-0218126 | | |
| Date Assigned: | 01/07/2015 | Date of Injury: | 04/05/1994 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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: Massachusetts

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 55 year old male with a date of injury as 04/05/1994. The cause of the injury was not included in the documentation received. The current diagnoses include deep vein thrombosis. Previous treatments include oral medications. Primary treating physician's reports dated 06/10/2014 through 10/28/2014 and progress notes dated 08/12/2014 and 09/16/2014 were included in the documentation submitted for review. Report dated 10/28/2014 noted that the injured worker presented with subjective complaints that included INR 2.1 4 day 5mg, 3 day 7.5. Physical examination revealed no left leg ulcer, positive PIH, and no edema. Documentation supports that the injured worker has been prescribed Quinine and Prednisone since at least 06/10/2014, there were no explanations provided for the use of these medications. The injured worker returned to full duty on 06/12/2013. The utilization review performed on 12/30/2014 non-certified a prescription for Quinine based on no documentation that the injured worker suffers from muscle cramps and Prednisone based on guidelines do not recommend the medication for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quinine 324mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Neurology

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: Quinine Sulfate Capsules official prescribing information

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated with a history of a left lower extremity deep pain thrombosis. Medications include warfarin, quinine, and prednisone and use of support stockings. The FDA has issued warnings about the risks of quinine since 1994 and more recently about its minimal effectiveness in treating leg cramps. There is little convincing evidence for prescribing quinine for leg cramps. Studies of patients with nocturnal leg cramps have been small; they were nonrandomized, uncontrolled trials; and had other shortcomings. Quinine also is not effective for restless legs syndrome (RLS). The risk of severe side effects from quinine outweighs any potential benefit for these conditions.

Prednisone 5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated with a history of a left lower extremity deep pain thrombosis. Medications include warfarin, quinine, and prednisone and use of support stockings. Oral corticosteroids are not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. In this case, there is no identified acute injury and the claimant is not having radicular pain. Therefore prednisone was not medically necessary.