

Case Number:	CM15-0123079		
Date Assigned:	07/07/2015	Date of Injury:	01/05/2014
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 49 year old female, who sustained an industrial injury on 1/05/2014. The details regarding the initial injury were not clearly documented in the medical records submitted for this review. Diagnoses include right knee internal derangement status post right knee arthroscopy, left knee internal derangement, status post left knee arthroscopy on 3/23/15, cervical disc displacement, radiculopathy and cervical spine pain. Treatments to date include anti-inflammatory, physical therapy, biofeedback. Currently, she had multiple complaints including visual disturbance, headaches, neck pain, low back pain, bilateral knee and ankle pain, shoulders and wrists. On 5/6/15, the physical examination documented tenderness, decreased range of motion, muscle spasms in multiple body areas, as well as decreased sensation and strength. The plan of care included Deprizine 15mg/ML oral suspension #250ML, two teaspoons (10ML) once daily for gastrointestinal pain and prophylaxis against the development of a gastric ulcer.

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 #250 ml sig take 2 teaspoons (10ml) once daily or as directed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ranitidine.

Decision rationale: Deprizine 15mg/ml Oral Suspension (Ranitidine) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Ranitidine works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to both prevent and treat ulcers in the duodenum (where most ulcers develop) and the stomach. They also counter the various problems that occur when stomach acid escapes into the esophagus, which "if it happens on a regular basis, is GERD. In most trials, the PPIs have proved to be superior to the H2 blockers. Deprizine oral suspension is a suspension consisting of un-dissolved particles of one or more medicinal agents mixed with a liquid vehicle for oral administration. Evidence-based guidelines and peer-reviewed medical literature do not address the use of medications in oral suspension form. Oral suspensions of medications are generally for use in patients for whom taking the pill/tablet form of the medication is either impractical or unsafe. In this case, there is no documentation in the medical records of any conditions that would preclude the use of medications in their pill/tablet form. Medical necessity of the Deprizine (Ranitidine) oral suspension has not been established. The requested medication is not medically necessary.