

Case Number:	CM15-0179041		
Date Assigned:	09/21/2015	Date of Injury:	08/01/2013
Decision Date:	10/23/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 35 year old male who sustained an industrial injury on August 01, 2013. A primary treating office visit dated March 09, 2015 reported subjective complaint of sharp, throbbing headaches. He denies any left ear pain at this visit. There is also complaint of sharp, stabbing neck pain and muscle spasms; sharp, achy elbow pain and muscle spasms; dull, boring mid back pain and muscle spasms; sharp, stabbing low back pain and muscle spasms; stress, anxiety and depression. The following diagnoses were applied this visit: headaches; left ear hearing loss, improved; tinnitus; cervical spine multi-level disc displacement; cervical spine multi-level disc degeneration; spinal stenosis, cervical region; cervical radiculopathy; partial tear of common extensor tendon, right elbow; right elbow lateral epicondylitis; thoracic spine pain; thoracic spine scoliosis; lumbar spine disc displacement; lumbar spine spondylolisthesis; spinal stenosis, lumbar region; lumbar radiculopathy; low back pain; anxiety disorder; mood disorder; sleep disorder, and stress. The following medications are included in the regimen: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Flexeril, Gabapentin and Flurbiprofen. On April 06, 2015 he underwent trigger points imaging with results consistent with lumbar spine and myofascial pain syndrome. A secondary treating pain management visit dated April 10, 2015 reported current subjective complaint of ongoing neck pain and stiffness radiating to bilateral shoulders and upper extremities; right elbow pain; ongoing upper back between shoulder blades pain and stiffness. He also continues to experience episodes of anxiety, stress and depression. He is current taking Ibuprofen. The impression noted the worker with: intractable lumbar pain, and lumbar radiculopathy, right. There is recommendation for an epidural injection, lumbar. Primary follow up in May 2015 reported the following medications: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Flexeril, and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15 mg/ml oral suspension 250 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded Medications; www.dailymed.nlm.nih.gov: Deprizine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Deprizine contains an antihistamine. It is indicated for GERD. Similar to a PPI, it is to be used with for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant does have a history of "GI upset" but reflux, ulcers or GERD was not mentioned. Therefore, the continued use of Deprizine is not medically necessary.