

Case Number:	CM15-0046523		
Date Assigned:	03/18/2015	Date of Injury:	01/30/2014
Decision Date:	06/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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, who sustained an industrial injury on 1/30/2014. He reported head, neck and bilateral ear pain. The injured worker was diagnosed as having headaches, ear pain, hearing loss, cervical spine sprain/strain, and cervical radiculopathy. Treatment to date has included medications management and physical therapy. The request is for Deprizine. On 2/20/2015, he complained of sharp throbbing headaches at the base of the skull and temporal region. He rated his pain as 6-7/10 on a pain scale. He also complains of bilateral ear pain and hearing loss, along with neck pain he rated 8/10. The treatment plan included: physical therapy, chiropractic treatment, acupuncture, and functional capacity evaluation. The records indicate he feels medications help to improve his pain. The medications listed are cyclobenzaprine cream, Synapryn, Tabradol, Ketoprofen cream, Deprizine, Dicopanol, Fanatex and Terocin patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 15mg/ml 2 10ml 250ml QD: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications. The H2-antagonists also utilized for the treatment of gastrointestinal disease. The records indicate that Deprizine contains 15mg/ml of ranitidine with other inactive products. There is no documentation of contraindication or failure of standard non-liquid formulations of ranitidine. The criteria for the use of non-standard formulations of ranitidine in the form of Deprizine 15mg/ml 250ml was not medically necessary.