

Case Number:	CM15-0097516		
Date Assigned:	05/28/2015	Date of Injury:	01/01/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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, Texas

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 38 year old female, who sustained an industrial injury on 01/01/2014. She has reported subsequent neck, shoulder, wrist, low back, head and bilateral foot pain and was diagnosed with cervicalgia, cervical disc displacement, cervical radiculopathy, sprain of the shoulder joint, pain in the bilateral wrists, lumbar radiculopathy, bilateral foot pain and right foot osteoarthritis. Treatment to date has included oral pain medication, chiropractic therapy and acupuncture. In a progress note dated 04/29/2015, the injured worker complained of neck, bilateral shoulder, bilateral wrist, low back, bilateral foot and head pain. Objective findings were notable for tenderness to palpation of the trapezius and levator scapular muscles, splenius, scalene and sternocleidomastoid muscles, positive cervical distraction and maximal foraminal compression test, tenderness to palpation of the bilateral shoulders, wrists and lumbar paraspinal muscles, decreased range of motion of the lumbar spine, positive bilateral straight leg raise, positive Tinel's, Phalen's, Finkelstein's, Neer's, Kennedy Hawkins, Speed's and Flicker tests. A request for authorization of Deprizine oral suspension was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Deprizine 15mg/MI Oral Suspension 250ml, DOS 12/1/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com. Drug information, Ranitidine.

Decision rationale: According to UpToDate.com, Ranitidine is used for short-term and maintenance therapy of duodenal ulcer, gastric ulcer, gastroesophageal reflux disease (GERD), active benign ulcer, erosive esophagitis, and pathological hypersecretory conditions; as part of a multidrug regimen for H. pylori eradication to reduce the risk of duodenal ulcer recurrence. In this case the documentation doesn't support that the patient has an appropriate diagnosis for the use of ranitidine. Furthermore, an oral suspension has been requested, the documentation doesn't support that the patient has difficulty swallowing, such that it would require the use of an oral suspension. Therefore, the requested treatment is not medically necessary.