

Case Number:	CM14-0100503		
Date Assigned:	07/30/2014	Date of Injury:	03/22/2006
Decision Date:	09/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 53-year-old individual was reportedly injured on 3/22/2006. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 4/25/2014, indicated that there were ongoing complaints of chronic low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated lumbar spine positive tenderness to palpation over the lumbar paravertebral area with modern spasm noted, positive tenderness over the paraspinal muscles over lower lumbar spine, positive tenderness of the bilateral SI joint, limited range of motion with pain, negative straight leg raise on the right at 90°, and positive straight leg raise on the left to 60°. Motor and sensory tests were within normal limits, except for decreased sensation at the left lateral calf and bilateral posterior calf and outer foot. No recent diagnostic studies are available for review. Previous treatment included lumbar fusion, medications, and conservative treatment. A request had been made for Deprizine 5 mL oral suspension 250 mL and was not certified in the pre-authorization process on 6/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deprizine 5mg/ml oral suspension 250ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review, of the available medical records, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.