

Case Number:	CM13-0022650		
Date Assigned:	11/13/2013	Date of Injury:	07/14/2011
Decision Date:	02/05/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents, oral suspension; attorney representation; MRI imaging of lumbar spine of August 16, 2011, notable for multilevel disk protrusions of uncertain clinical significance; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work; one level lumbar fusion surgery at L5-S1 on February 14, 2013. In a Utilization Review Report of August 19, 2013, the claims administrator denied a request for Dicopanol oral suspension. The applicant's attorney later appealed. A note of June 7, 2013, is reviewed. Several guidelines are recorded. The note is difficult to follow. The applicant is seemingly given prescriptions for numerous oral suspensions and topical compounds including topical Ketoprofen, compounded cyclobenzaprine, Dicopanol and others. An earlier note of June 26, 2013, is notable for comments that the applicant is off of work, on total temporary disability, and also using Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg/ml oral suspension 150ml: Dosage 1ml po bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation article: <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0000586/> regarding Diphenhydramine (Dicopanol).

Decision rationale: Dicopanol or Benadryl, per the National Library of Medicine (NOM), is used to treat severe allergic reactions, motion sickness, and symptoms of Parkinson's disease. In this case, however, the documentation on file does not establish the presence of any of the aforementioned issues or symptoms. There is no mention of motion sickness, Parkinson's disease, and/or allergic reactions described or detailed here. Therefore, the request is not certified.