

Case Number:	CM14-0158291		
Date Assigned:	10/01/2014	Date of Injury:	03/22/2006
Decision Date:	11/13/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/26/2014

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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine/ Pain Med and Manipulation 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 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 patient is a 53 year old male carpenter who sustained an industrial injury on 3/22/2006. He is status post lumbar spine fusion in 2008 and revision in 2009. He is currently followed for low back pain, lumbar spine disc displacement, lumbar radiculopathy, and status post lumbar spine surgery with residual pain. He is being provided with multiple medications including Dicopanol which contains diphenhydramine. This medication is being used for insomnia. According to 6/26/14 report, the patient states that his symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. UR dated 8/21/14 denied the request for Dicopanol (Diphenhydramine) 5mg/ml Oral Suspension 150ml, take 1 ml P.O at bedtime with a maximum of 5ml UD by MD for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol (Diphenhydramine) 5mg/ml Oral Suspension 150ml, take 1 ml P.O at bedtime with a maximum of 5ml UD by MD for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=76c12e0d-735b-44d1-aa82-73e3f3a09d1b>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines does not address Dicopanol oral suspension.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment, Compound drugs Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/dicopanol.html>

Decision rationale: The request for Dicopanol (Diphenhydramine) 5mg/ml Oral Suspension 150ml for insomnia is not medically necessary. The medical records do not establish that the patient has attempted good sleep hygiene. As noted in ODG, "Suggestions for improved sleep hygiene: (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. (Benca, 2005)" . Furthermore, as noted in ODG tolerance seems to develop within a few days to sedating antihistamines. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Given these factors, the request for Dicopanol (Diphenhydramine) 5mg/ml Oral Suspension 150ml for insomnia is not medically necessary.