

Case Number:	CM14-0181668		
Date Assigned:	11/06/2014	Date of Injury:	02/28/2014
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

Injured worker is a 44-year-old man who sustained a work-related injury on February 28, 2014. Subsequently, the injured worker developed chronic back pain. According to a progress report dated on September 9, 2014, the injured worker was complaining OF burning, radicular low back pain and muscle spasm. The pain severity was rated 7/10. The pain was associated with the numbness and tingling in lower extremities, bilateral knee and hip pain. The injured worker was reported to have stress and anxiety. The injured worker physical examination demonstrated lumbar tenderness with reduced range of motion, decreased hip range of motion and reduced sensation in the L4-L5 and S1 dermatome. The provider is requesting authorization to use Dicopanol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 150 ml: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diphenhydramine:
<http://en.wikipedia.org/wiki/Diphenhydramine>.

Decision rationale: Per guidelines, Dicopanol contains diphenhydramine, a sedative medication. There is no recent documentation that the injured worker developed insomnia. Therefore, the request for Dicopanol is not medically necessary.