

Case Number:	CM14-0020005		
Date Assigned:	04/30/2014	Date of Injury:	01/28/2011
Decision Date:	07/10/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 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:

This is a 38 year-old male who has reported low back pain, knee pain, and mental illness after an injury on 1/28/2011. He has been diagnosed with lumbar sprain, myalgia, muscle spasm, knee pain/strain, anxiety and sleep disorder. The treatment has included medications, physical therapy, acupuncture, and chiropractic. The primary treating physician noted ongoing knee pain and dispensing of Dicopanol and other novel formulations. It was given for insomnia, although there was no discussion of any sleep disorder in the report. A primary treating physician letter of 12/17/13 has the same information, which is generic and not patient-specific. The medical records do not contain any information from the primary treating physician regarding the specific indications otherwise, or the results of use. On 1/15/14, Utilization Review non-certified Dicopanol for insomnia, noting the Official Disability Guidelines recommendations and lack of good indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FOR DICOPANOL FOR THE LEFT KNEE: 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 Official Disability Guidelines (ODG) <Pain chapter Insomnia treatment.

Decision rationale: The treating physician has stated that Dicopanol is diphenhydramine and other unnamed ingredients. Medical necessity cannot be determined for unspecified compounds, and unpublished ingredients cannot be assumed to be safe or effective. Dicopanol is not medically necessary on this basis alone. In addition, Dicopanol is stated to be for insomnia. The California MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. The treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the Official Disability Guidelines citation. That citation also states that antihistamines are not indicated for long term use as tolerance develops quickly, and that there are many, significant side effects. Dicopanol is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and lack of information provided about the ingredients.