

<b>Case Number:</b>	CM14-0036942		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/14/1997
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 59-year-old female who reported an injury on 06/14/1997. The injury reported was while lifting a heavy vacuum cleaner. Previous treatments include medication and an orthopedic evaluation. The clinical note dated 01/18/2014 reported the injured worker complained of burning, radicular low back pain, and muscle spasms. She rated her pain at 5/10 to 6/10 in severity. She described her pain as constant, moderate to severe. The injured worker noted the pain was aggravated by prolonged positioning including sitting, standing, walking, bending, rising from a sitting position. Upon the physical examination, the provider noted the injured worker is able to complete a heel toe walk however without discomfort. The provider noted tenderness to palpation at the lumbar paraspinal muscles. The injured worker's range of motion of flexion was at 60 degrees and extension was 20 degrees. The provider noted decreased sensation to pinprick and light touch at L4, L5, and S1 dermatomes bilaterally. The injured worker had 2+ deep tendon reflexes bilaterally. The provider requested Dicopanол and Deprizine. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 1/16/14) for Dicopanол 5MG/ML oral suspension 150ML:**  
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, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

**Decision rationale:** The request for retrospective Dicopanol 5 mg/mL oral suspension 150 mg for date of service 01/16/2014 is not medically necessary. The injured worker complained of burning, radicular low back pain, and muscle spasms. She rated her pain 5/10 to 6/10 in severity. She described her pain as constant, moderate to severe. The Official Disability Guidelines note Dicopanol is a recommended treatment based on the etiology. Failure of sleep disturbance to resolve in 7 to 10 days may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. The guidelines also note over-the-counter medications including sedating antihistamines have been suggested for sleep aids, for example, diphenhydramine, also known as Dicopanol. Tolerance seems to develop within a few days. The next day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, palpitations, increased liver enzymes, drowsiness, grogginess, and tiredness. There is a lack of documentation indicating the injured worker to be treated or diagnosed with insomnia. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Therefore, the retrospective request for date of service 01/16/2014 for Dicopanol 5 mg/mL oral suspension 150 mL is not medically necessary.

**Retrospective request (DOS: 1/16/14) for Deprizine 15MG/ML oral suspension 250ML:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/19453319>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The retrospective request date of service 01/16/2014 for Deprizine 15 mg/mL oral suspension 250 mL is not medically necessary. The injured worker complained of burning, radicular low back pain, and muscle spasms. She rated her pain 5/10 to 6/10 in severity. She described her pain as constant, moderate to severe. The California MTUS Guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events, including: over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin or corticosteroids and anticoagulants. The guidelines also note medication is used for the treatment of dyspepsia secondary to NSAID therapy. The documentation submitted did not indicate the injured worker had gastrointestinal symptoms. There is a lack of documentation indicating the injured worker to

have a history of peptic ulcer, gastrointestinal (GI) bleed or perforation. It did not appear the injured worker was at risk for gastrointestinal events. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The request as submitted failed to provide the frequency of the medication. Therefore, the retrospective request date of service 01/16/2014 for Deprizine 15 mg/mL oral suspension 250 mL is not medically necessary.