

Case Number:	CM14-0075785		
Date Assigned:	07/18/2014	Date of Injury:	03/22/2006
Decision Date:	09/11/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/24/2014

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 Internal Medicine, has a subspecialty 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:

Patient is an injured worker with a diagnosis of lumbar strain. Date of injury was 03-22-2006. He is status post lumbar spine surgery. A progress report dated April 1, 2014 noted that the pain was 4-5/10. Examination findings noted tender lumbar paraspinals, sensation was decreased bilaterally L1-L5 and straight leg raise was positive at 40. The patient was recommended physical therapy and acupuncture. Medications were continued. Letter dated 01-02-2014 by [REDACTED] stated that Dicopanol contains diphenhydramine being used for the treatment of insomnia. Utilization review decision date was 05-06-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5 mg 150ml (Diphenhydramine and other ingredients): 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 Compound drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Insomnia treatmentDicopanol (diphenhydramine)<http://www.drugs.com/pro/dicopanol.html>.

Decision rationale: Medical treatment utilization schedule (MTUS) does not address diphenhydramine for insomnia treatment. Official Disability Guidelines (ODG) guidelines state that over-the-counter sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. 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. Regarding insomnia treatment, after a few weeks, the recommendation is to discontinue the medication. Patients do better in the long term if medication is stopped after 6 weeks. Dicopanol is diphenhydramine (Benadryl) compounding oral suspension. Medical records document the long term use of Dicopanol (diphenhydramine) for the treatment of insomnia. ODG guidelines do not support the long term use of Dicopanol (diphenhydramine). Therefore, the request for Dicopanol 5 mg 150ml (Diphenhydramine and other ingredients) is Not medically necessary.