

<b>Case Number:</b>	CM14-0076107		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 29-year-old male who reported an injury after being struck in the head by a cement pump on 05/04/2011. The clinical note dated 03/04/2014 indicated diagnoses of headaches, low back pain, lumbar spine disc displacement, and lumbar spine radiculopathy. The injured worker reported headaches and low back pain described as sharp radicular low back pain and muscle spasms. He rated the pain 8/10 to 9/10 that was frequent, constant and moderate to severe associated with severe radiating pain, numbness and tingling of the bilateral lower extremities. The injured worker reported the pain was aggravated by prolonged positioning including sitting, standing, walking, bending, or rising from a seated position, ascending or descending stairs, and stooping. The injured worker also reported the pain was aggravated by activities of daily living such as getting dressed and performing personal hygiene. The injured worker reported he was unable to sit comfortably and reported the symptoms persisted but medications did offer him temporary relief of pain and improved his ability to have a restful sleep. He denied any symptoms with the medications and reported the pain was also alleviated by activity restrictions. On physical examination of the lumbar spine, the injured worker was able to heel toe walk. However, the injured worker had pain with both heel and toe walking and the injured worker was able to squat to approximately 10% of normal due to the pain in the low back. The injured worker had tenderness to palpation at the bilateral posterior superior iliac spine. There was lateral lumbar paraspinal muscle guarding. The injured worker's range of motion of the lumbar spine was limited in all planes. The injured worker had a straight leg raise test that was positive bilaterally and a Kemp's test that was positive bilaterally. The injured worker's treatment plan included a course of physical therapy and chiropractic therapy and referred to a pain management. The injured worker's prior treatments included physical therapy

and medication management. The injured worker's medication regimen included Terocin patch and Dicopanol. The provider submitted a request for Dicopanol. A request for authorization dated 02/27/2014 was submitted for Dicopanol; however, rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prescription Drug-Generic: Dicopanol 5mg/ml oral suspension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**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 for Prescription Drug-Generic: Dicopanol 5mg/ml oral suspension is not medically necessary. The Official Disability Guidelines state Benadryl/ Diphenhydramine has been shown to build tolerance against its sedation effectiveness very quickly, with placebo-like results after a third day of use. There is a lack of documentation of efficacy and functional improvement with the use of the Dicopanol. In addition, the provider did not indicate a rationale for the request. Furthermore, it was not indicated why the injured worker needed oral suspension over the tablets. Furthermore, the request does not indicate a frequency. Therefore, the request is not medically necessary.