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| Case Number: | CM14-0199238 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 12/16/2012 |
| Decision Date: | 01/22/2015 | UR Denial Date: | 11/03/2014 |
| Priority: | Standard | Application Received: | 11/28/2014 |

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:

Injured worker is a female with date of injury 12/16/2012. Per primary treating physician's progress report dated 9/22/2014, the injured worker complains of burning, radicular neck pain and muscle spasms rated as 7/10. She complains of burning, radicular low back pain and muscle spasms rated as 8/10. She complains of burning bilateral knee pain rated as 7/10 on the right knee and 6-7/10 on the left. She is frustrated by her injury, and she is experiencing stress, anxiety, insomnia and depression brought on by her chronic pain, physical limitations, inability to work and uncertain future. She states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. The pain is also alleviated by activity restrictions. On examination the injured worker is in no acute distress. There is +2 tenderness to palpation at the suboccipital region and over the spinal processes of the cervical region as well as tenderness of the atlas. Active range of motion of the cervical spine is reduced in all planes. Cervical distraction test is positive bilaterally. Sensation to pinprick and light touch is intact in the bilateral upper extremities. Motor strength in the bilateral upper extremities is decreased secondary to pain. There is palpable +2 tenderness at the bilateral posterior superior iliac spines. The spinous processes L3 to S1 are tender to palpation. Active range of motion of the lumbar spine is reduced in flexion, extension and lateral flexion, right worse than left. Straight leg raise is positive bilaterally at 60 degrees. There is +2 tenderness to palpation over the medial and internal joint line and at the patellofemoral joint bilaterally. Active range of motion of bilateral knees is reduced, right worse than left. There is minimal medial collateral ligament instability noted bilaterally. Apley's compression and McMurray's tests are positive bilaterally. Varus/valgus stress is positive on the right. There is decreased sensation to pinprick and light touch at the L5 and S1 dermatomes bilaterally. Motor strength in the bilateral lower extremities

is decreased. Diagnoses include 1) cervical spine pain 2) cervical disc displacement 3) rule out radiculopathy, cervical region 4) low back pain 5) lumbar spine degenerative disc disease 6) lumbar disc displacement HNP 7) radiculopathy, lumbar region 8) internal derangement bilateral knees 9) tear of medial meniscus bilateral knees 10) anxiety disorder 11) mood disorder 12) sleep disorder 13) stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Dicopanol 5 mg/ml, 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 Official Disability Guidelines (ODG), Pain Chapter, Insomnia

Decision rationale: Dicopanol is an oral suspension of diphenhydramine, and is prescribed by the treating physician as a sleep aid for insomnia. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices have been utilized prior to utilizing a pharmacological sleep aid. The request for Retrospective Dicopanol 5 mg/ml, 150 ml is determined to not be medically necessary.