

Case Number:	CM15-0003531		
Date Assigned:	01/14/2015	Date of Injury:	01/11/2008
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male, who sustained an industrial injury on January 11, 2008. The mechanism of injury was not provided. The injured worker has reported low back pain, bilateral shoulder pain and lumbar spine pain. The diagnoses have included low back pain, cervical spine herniated disc, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine degenerative disc disease and facet joint hypertrophy. Prior treatments were not noted in the medical records. Current documentation dated October 10, 2014 notes that the injured worker complained of burning, radicular neck pain with muscle spasms. Associated symptoms include numbness and tingling of the bilateral upper extremities. The pain was rated a six-seven out of ten on the Visual Analogue Scale. He also reported burning bilateral shoulder pain with radiation down the arms to the fingers. Associated symptoms were spasms and weakness. The shoulder pain was rated a seven to eight out of ten on Visual Analogue Scale. The injured worker also complained of burning, radicular low back pain with muscle spasms. Associated symptoms were radiation down the bilateral lower extremities. The pain was rated a seven out of ten on the Visual Analogue Scale. Physical examination of the cervical spine, lumbar spine and bilateral shoulders revealed tenderness and decreased range of motion. On December 12, 2014 Utilization Review non-certified a request for Dicopropanol 5mg/ml oral suspension, 150 ml. Non-MTUS, ACOEM Guidelines, was cited. On January 7, 2015, the injured worker submitted an application for IMR for review of a request for Dicopropanol 5mg/ml oral suspension, 150 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg/ml oral suspension, 1-5ml at bedtime, 150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference 2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia section

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 Dicopanol 5mg/ml oral suspension, 1-5ml at bedtime, 150ml is determined to not be medically necessary.