

<b>Case Number:</b>	CM15-0147640		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Physical Medicine & Rehabilitation

### 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 53 year old male who sustained an industrial injury on 1/11/08. Diagnoses are cervical spine herniated nucleus pulposus, low back pain, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine degenerative disc disease, facet joint hypertrophy, anxiety disorder, stress, mood disorder, hypertension, sleep disorder, and Parkinson's disease. In a progress report dated 5-22-15, the treating physician notes complaints of burning radicular neck pain and muscle spasms with pain rated at 5-6 out of 10, burning bilateral shoulder pain radiating down the arm to fingers with muscle spasms and weakness with pain rated at 6-7 out of 10. He also complains of burning radicular low back pain and muscle spasms with the pain rated at 7 out of 10. He complains of difficulty sleeping due to pain. The injured worker reports symptoms persist but medications offer temporary relief of pain and improve his ability to have restful sleep. A cervical spine exam notes +2 tenderness to palpation with mild spasms and decreased range of motion. Cervical compression and distraction tests are positive on the left and right. A bilateral shoulder exam notes +2 tenderness to palpation and decreased range of motion. Sensory to pinprick and light touch is slightly diminished over C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities. Motor strength is slightly decreased secondary to pain. He is able to heel-toe walk with pain. Tenderness to palpation and decreased range of motion is revealed on the lumbar spine exam. Straight leg raise and Braggard's test is positive. Sensation to pinprick and light touch is slightly diminished over L4, L5 and S1. He is awaiting a pain management consultation for epidural steroid injections and an orthopedic surgeon regarding the right shoulder rotator cuff tear. Medications are Deprizine,

Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Ketoprofen Cream. Work status is to remain off work 5-22-15 through 6-24-15. The requested treatment is Dicopanol 5mg, 1ml at bedtime for insomnia.

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

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

**Dicopanol 5mg 1ml at bedtime for insomnia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment, pages 535-536.

**Decision rationale:** Dicopanol (Diphenhydramine HCl is an anti-histamine with anti-cholinergic and sedative side effects indicated for medical diagnosis of urticaria and allergies.

Diphenhydramine may be indicated for short-term use up to few days for moderate pruritus in patients with atopic dermatitis, hives, common cold, motion sickness, allergic rhinitis, and in sleep disorders. Submitted reports have not adequately demonstrated the indication or medical need for this medication for this chronic injury without documented functional improvement from treatment already rendered. Non-specific dosing cannot be supported, as ongoing monitoring of functional efficacy is required to continue appropriate treatment. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The patient continues with chronic symptoms on multiple medications for this chronic 2008 injury without improvement. The Dicopanol 5mg 1ml at bedtime for insomnia is not medically necessary and appropriate.