

<b>Case Number:</b>	CM15-0160016		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	01/01/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39 year old female, who sustained an industrial injury on January 1, 2015. Treatment to date has included pain medications, acupuncture therapy, chiropractic therapy, shockwave therapy and Localized Intense Neurostimulation therapy. Currently, the injured worker complains of burning, radicular neck pain and muscle spasms. Her pain is described as constant, moderate to severe pain which is aggravated by looking up or down, turning side to side and repetitive motion of the head and neck. Her pain is associated with numbness and tingling of the bilateral upper extremities. She reports burning, radicular mid back pain and muscle spasms and burning radicular low back pain and muscle spasms. The injured worker has difficulty sleeping and wakes in the night due to pain. She reports that her medications do offer her temporary relief of pain and improve her ability to have a restful sleep. The diagnoses associated with the request include sleep disorder and sprain of the lumbar spine. The treatment plan includes Dicopropanol for sleep, continued acupuncture therapy, chiropractic therapy, shockwave therapy and Localized Intense Neurostimulation therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dicopropanol (Benadryl) 5mg/ml 150ml:** 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), Mental Illness & Stress Chapter, Diphenhydramine (Benadryl), Insomnia treatment.

**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 treatment.

**Decision rationale:** Dicopanol (Benadryl) 5mg/ml 150ml is not medically necessary per ODG guidelines. The MTUS does not specifically mention treatment for insomnia. The ODG states that Dicopanol is prescribed for insomnia and contains Diphenhydramine. The ODG states that 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. The guidelines do not support Benadryl long term as a sleep aid. The documentation is not clear why the patient requires this particular liquid formulation of Benadryl with proprietary ingredients. The request for Dicopanol is not medically necessary.