

<b>Case Number:</b>	CM15-0034472		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 44-year-old male, who sustained an industrial injury on 2/28/2014. The diagnoses have included lumbago. Treatment to date has included conservative measures. Currently, the injured worker complains of radicular low back pain and spasms, rated 7/10. He reported stress, anxiety, depression, and insomnia secondary to injury and chronic pain. He reported that medications provided temporary relief and improved ability to have restful sleep. Medication regime included Deprizine, Dicopanol, Fanatrex, Synapren, and Tabradol. Lumbar spine exam noted palpable tenderness with spasms, decreased range of motion, and bilateral positive Tripod sign, Flip test, and Lasegue's Differential. Bilateral hip exam noted tenderness at the gluteus and piriformis muscles and decreased range of motion. Bilateral knee exam noted tenderness over the medial joint lines and decreased range of motion. On 2/05/2015, Utilization Review non-certified a request for Dicopanol 150ml (5mg/ml), noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dicopanol 5ml/ml 150ml (Diphenhydramine): 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  
ODG: Compound drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation ODG pain chapter- insomnia pg 64.

**Decision rationale:** MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used 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. Secondary insomnia may be treated with pharmacological and/or psychological measures. 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. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. In this case, the claimant has been on Dicopanor for months. Other medications including non-benzodiazepines are approved and more suitable for insomnia. Long-term use of anti-histamines are not recommended nor safe. The claimant has been on Dicopanor for months. The continued use is not medically necessary.