

Case Number:	CM15-0039774		
Date Assigned:	03/10/2015	Date of Injury:	06/28/2013
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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, Pain Management

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 30-year-old female, who sustained a work/ industrial injury on 6/28/13 affecting the right hand and back. She has reported initial symptoms of pain and weakness at the right elbow, right hand, and right wrist. The injured worker was diagnosed as having cervical sprain/strain, radiculitis; thoracic sprain/strain; right elbow sprain/strain; right wrist sprain/strain; right wrist and hand tenosynovitis. Treatments to date included medication (Ketoprofen cream, Cyclobenzaprine, Synapryn, Tobradol, Deprizine, Dicopanol, Fenatrex), chiropractic care, acupuncture, electracorporeal shockwave treatment (ECSWT), Transcutaneous Electrical Nerve Stimulation (TENS) unit, and right wrist brace. Currently, the injured worker complains of burning, radicular neck pain with numbness and tingling of the bilateral upper extremities, right wrist pain, and radicular low back pain. The treating physician's report (PR-2) from 10/28/14 indicated that range of motion was painful to the cervical spine. There was tenderness to palpation of the cervical paravertebral muscles with spasms and compression caused pain bilaterally. There was also tenderness to palpation to the thoracic paravertebral muscles as well as the lateral elbow and medial elbow. Treatments included shockwave treatment for the thoracic, elbow, right wrist, and spine, continued use of Transcutaneous Electrical Nerve Stimulation (TENS) unit for home, and continuation of medication to include Dicopanol 5mg /ml 150ml (diphenhydramine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanol 5mg /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.

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 treatment and Other Medical Treatment Guidelines
<http://www.drugs.com/pro/dicopanol.html>.

Decision rationale: Regarding the request for Dicopanol, Dicopanol contains active and inactive bulk materials to compound a diphenhydramine hydrochloride oral suspension. California MTUS guidelines are silent. ODG states 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. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no clear description of insomnia or another condition for which diphenhydramine would be indicated, no statement indicating what behavioral treatments have been attempted, and no evidence of efficacy from prior use. Furthermore, there is no rationale for the need for a compounded oral suspension rather than the standard FDA-approved oral capsule of diphenhydramine. In the absence of such documentation, the currently requested Dicopanol is not medically necessary.