

<b>Case Number:</b>	CM15-0044034		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Massachusetts

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 41-year-old male, who sustained an industrial injury on October 29, 2012. He reported injuries to his lower back and left hip. The injured worker was diagnosed as having lumbar disc displacement, lumbar spine pain, lumbar spine radiculopathy, and left hip sprain/strain rule out internal derangement. Treatment to date has included MRI, electro diagnostic studies, physical therapy, work modifications, localized intense neurostimulation therapy for the lumbar spine, epidural injections, and medications including histamine 2-blocker, sleep, anti-epilepsy, compounded opioid/glucosamine medication, muscle relaxant, topical pain, non-steroidal anti-inflammatory, and opioid. On December 16, 2014, the injured worker complains of constant and severe burning, radicular low back pain and muscle spasms. Associated symptoms include numbness and tingling of the bilateral lower extremities. He also complains of burning left hip pain and muscle spasms. His medications help the pain temporarily. The physical exam revealed able to heel-to walk, pain with heel walking, decreased ability to squat due to low back pain, and low back pain with toe touch with fingers about 6 inches from the floor. There was tenderness of the lumbar paraspinal muscles and the lumbosacral junction, decreased range of motion, and positive bilateral straight leg raise. There was left hip tender ness at the greater trochanter and decreased range of motion. There was decreased sensation of the lumbar 4, lumbar 5, and sacral 1 dermatomes, decreased motor strength in all of the bilateral lower extremities muscles, and normal deep tendon reflexes of the bilateral lower extremities. The treatment plan includes continuing his medications including

histamine 2-blocker, sleep, anti-epilepsy, compounded opioid/glucosamine medication, muscle relaxant, topical pain, non-steroidal anti-inflammatory, and opioid.

### **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 1ml PO at bedtime Qty: 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), Compound drugs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dicopanol Instructions Insert.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 and continues to be treated with low back and left hip pain. Dicopanol is diphenhydramine hydrochloride in a FusePaq. Compounding kit, this is intended for prescription compounding only. In this case, although the claimant is receiving multiple medications, there is no evidence that they are being compounded or that there is a need for medications provided in a compounded or oral suspension formulation. Therefore, Dicopanol is not medically necessary.