

Case Number:	CM15-0122406		
Date Assigned:	07/06/2015	Date of Injury:	01/05/2014
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 49 year old female, who sustained an industrial injury on 1/5/2014. The current diagnoses are cervicalgia, headaches, visual disturbance, cervical disc displacement, cervical radiculopathy, bilateral shoulder pain, rule out injury of muscles and tendons of the rotator cuff of the bilateral shoulders, bilateral elbow/wrist pain, rule out derangement, low back pain, intervertebral disc displacement of the lumbar region, rule out radiculopathy, pain in bilateral knees, status post left knee arthroscopy, pain in right ankle, mood disorder, anxiety disorder, stress, and sleep disorder. According to the progress report dated 6/10/2015, the injured worker complains of constant, moderate-to-severe burning, radicular neck pain, rated 4-5/10, constant, moderate-to-severe burning bilateral shoulder pain with radiation down the arms to her fingers, right shoulder 5-7/10 and left shoulder 5-6/10, constant, moderate-to-severe burning bilateral elbow pain, right elbow 4-5/10 and left elbow 5/10, constant moderate-to-severe bilateral wrist pain, right wrist 5-6/10 and left wrist 4-5/10, constant, moderate-to-severe burning, radicular back pain associated with numbness and tingling in the bilateral lower legs, rated 5-6/10, constant, moderate-to-severe bilateral knee pain, rated 5-6/10, and constant, moderate-to-severe burning right ankle pain, rated 4-5/10. The physical examination of the cervical spine reveals tenderness to palpation at the suboccipital region and over both trapezius muscles, decreased range of motion, diminished sensation to pinprick and light touch over the C5, C6, C7, C8, and T1 dermatomes of the bilateral upper extremities, decreased motor strength, and positive cervical distraction and compression test bilaterally. Examination of the bilateral shoulders reveals tenderness at the delto-pectoral groove and at the insertion of the supraspinatus

muscle, restricted range of motion, and positive supraspinatus test. Examination of the bilateral elbows reveals tenderness at the carpal tunnel and at the first dorsal extensor muscle compartment, limited range of motion, and positive Finkelstein's test. Examination of the lumbar spine reveals decreased range of motion, diminished sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally, reduced muscle strength, and positive straight leg raise test, Tripod sign, and Flip test bilaterally. Examination of the bilateral knees reveals tenderness to palpation of the medial and lateral joint lines and reduced range of motion. Examination of the right ankle reveals tenderness to palpation over the medial and lateral malleolus, limited range of motion with inversion, and positive anterior/posterior drawer test. Treatment to date has included medication management, physical therapy, MRI studies, chiropractic, epidural steroid injection, and surgical intervention. A request for Dicopanол has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicopanол (Diphenhydramine) 5mg/ml oral suspension #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), pain chapter, compound drugs, mental illness and stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diphenhydramine.

Decision rationale: Dicopanол is not addressed within the MTUS guidelines. Per the progress notes, Dicopanол is a compound medication that contains diphenhydramine and other unknown proprietary ingredients. According to the Official Disability Guidelines (ODG). There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. Sedating antihistamines have been suggested for sleep aids, tolerance seems to develop within a few days. Prolonged use is not recommended. There was no documentation of objective functional benefit with prior use of these medications. This request is not medically necessary and appropriate. In this case, there is documentation of ongoing treatment with Dicopanол since at least 12/3/2014. Therefore, based on the ODG and submitted medical records, the request for Dicopanол is not medically necessary.