

Case Number:	CM15-0046464		
Date Assigned:	03/18/2015	Date of Injury:	01/30/2014
Decision Date:	05/27/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: Anesthesiology, 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 55 year old male with an industrial injury dated 01/30/2014. His diagnoses included headaches, ear pain, hearing loss, cervical spine sprain/strain and cervical radiculopathy. Prior treatments included physical therapy, acupuncture, shockwave therapy and medications. He presents on 01/22/2015 with complaints of sharp, throbbing headaches rated as 6-7 on a scale of 1-10. Objective findings noted decreased range of motion of the cervical spine. Motor strength was decreased secondary to pain in the bilateral upper extremities. Treatment plan included pain patch, TENS unit, physical therapy and acupuncture to the cervical spine, continue shockwave therapy, functional capacity evaluation, bone stimulator, medications (Gabapentin) and neurology and ear, nose and throat consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dicapanol (diphenhydramine) 5mg/ml, quantity 150ml: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Insomnia Treatment, Compounded Medications.

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

Decision rationale: According to the ODG, Diphenhydramine is indicated for mild to moderate insomnia. The latest treatment note from the physician indicates that the IW does have insomnia and does derive benefit from the PRN use of diphenhydramine. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established and the request is medically necessary.