

Case Number:	CM15-0097565		
Date Assigned:	05/28/2015	Date of Injury:	01/01/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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, Texas

Certification(s)/Specialty: 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(n) 37 year old female, who sustained an industrial injury on 1/1/14. She reported pain in her neck, shoulders, wrists, low back and feet related to cumulative trauma. The injured worker was diagnosed as having cervicalgia, cervical disc displacement, lumbar radiculopathy, lumbar disc displacement and plantar fascial fibromatosis. Treatment to date has included chiropractic treatments, extracorporeal shockwave therapy, an EMG/NCV of the bilateral upper extremities and physical therapy. As of the PR2 dated 12/1/14, the injured worker reports 7/10 pain in her neck, bilateral shoulders, wrists, low back and bilateral feet. Objective findings include tenderness to palpation at trapezius, rhomboid and levator scapular muscles, a positive Tinel's test bilaterally and decreased lumbar range of motion. There is no documentation regarding the injured worker having difficulty with sleep or sleep quality. The treating physician requested Dicopanol (Diphenhydramine) 5 mg/ml oral suspension 150ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request: Dicopanol (Diphenhydramine) 5 mg/ml oral suspension 150ml DOS 12/1/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date.com Drug information Diphenhydramine.

Decision rationale: According to UptoDate.com Diphenhydramine is used for symptomatic relief of allergic symptoms caused by histamine release including nasal allergies and allergic dermatosis; adjunct to epinephrine in the treatment of anaphylaxis; insomnia, occasional; prevention or treatment of motion sickness; antitussive; management of Parkinsonian syndrome including drug-induced extrapyramidal symptoms (dystonic reactions) alone or in combination with centrally acting anticholinergic agents. In this case the patient suffers from chronic pain. There is no documentation to support the medical necessity for Diphenhydramine. There are no appropriate diagnosis for the use of Diphenhydramine. The request is not medically necessary.