

Case Number:	CM13-0011937		
Date Assigned:	03/19/2014	Date of Injury:	02/17/2012
Decision Date:	05/20/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 31-year-old gentleman injured on February 17, 2012. The patient was noted to have a right lower extremity crush injury. Clinical records available for review include a July 10, 2013, progress report handwritten by [REDACTED], noting continued complaints of right knee, ankle and foot pain. Physical examination showed right knee medial and lateral tenderness with positive crepitation. Ankle examination demonstrated swelling with tenderness to palpation and medial joint laxity. There is no reference to imaging studies. The records state that the patient is being treated with Norco and Benadryl. There is no documentation on the effectiveness of the medication regimen and no reference to other forms of treatment. This retrospective request is for continuation of medication management to include Benadryl and two prescriptions of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MEDICATION REQUEST FOR BENADRYL 25 MG, #60: 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), Treatment In Worker's Comp, 18th Edition, 2013 Updates: Chapter Pain - Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment In Worker's Comp, 18th Edition, 2013 Updates: Chapter Pain - Insomnia Treatment.

Decision rationale: The MTUS ACOEM Guidelines do not address the use of Benadryl. The Official Disability Guidelines provide criteria relevant to the use of Benadryl as long-term treatment for insomnia but specifically state that such use is not supported. Benadryl is a sedating antihistamine. In this case, there is no documentation to determine what symptoms Benadryl is intended to treat, and there is no diagnosis of insomnia referenced in the available records. Given the absence of a diagnosis that would correlate to the need for Benadryl and the ODG Guidelines that don't support Benadryl's use in insomnia, The request for Benadryl is not medically necessary.

RETROSPECTIVE MEDICATION REQUEST FOR NORCO 2.5/325 MG TAB #30:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines do not support the continued use of opioid analgesics in this case. A utilization review dated August 13, 2013, determined that both requested Norco prescriptions were not medically indicated based on the claimant's diagnosis and clinical presentation. The utilization review provided a tapering dose. Given the prior utilization review and clinical presentation, further treatment with short-acting narcotic analgesics would be medically unnecessary. The request for Norco 2.5/325mg tab #30 is not medically necessary.

RETROSPECTIVE MEDICATION REQUEST FOR NORCO 2.5/325 MG TAB, #60:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines do not support the continued use of opioid analgesics in this case. A utilization review dated August 13, 2013, determined that both requested Norco prescriptions were not medically indicated based on the claimant's diagnosis and clinical presentation. The utilization review provided a tapering dose. Given the prior utilization review and clinical presentation, further treatment with short-acting narcotic analgesics would be medically unnecessary. The request for Norco 2.5/325mg #60 is not medically necessary.