

Case Number:	CM13-0042817		
Date Assigned:	12/27/2013	Date of Injury:	02/06/2012
Decision Date:	02/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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 patient is a 44-year-old male who reported an injury on 02/06/2012. The patient is currently diagnosed with lumbar radiculopathy, insomnia and chronic pain syndrome. The patient was seen by [REDACTED] on 08/15/2013. The patient reported 7/10 lower back pain with physical examination revealed limited lumbar range of motion, tenderness to palpation and decreased strength in the bilateral lower extremities. Treatment recommendations are continuation of current medications, including ibuprofen and Acetadryl.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetadryl (Acetaminophen 500mg/ Diphenhydramine 25 mg): 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 Index, 11th Edition, 2013, Pain, Compounded drugs and US National Institute of Health (NIH) National Library of Medicine (NLM) PubMed, 2013, (<http://www.ncbi.nlm.nih.gov/pubmed/>)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The California MTUS Guidelines state that acetaminophen is recommended for the treatment of chronic pain and acute exacerbations of chronic pain. The Official Disability Guidelines state that insomnia treatment is recommended based on etiology. Diphenhydramine is an over-the-counter, sedating antihistamine that has been suggested for a sleep aid. Tolerance develops within a few days. As per the clinical documentation submitted, there is no evidence of a failure to respond to nonpharmacologic treatment prior to the initiation of a prescription medication. The patient continued to report 7/10 lower back pain with activity limitations and difficulty sleeping despite ongoing use of this medication. Satisfactory response to treatment has not been indicated. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.