

Case Number:	CM13-0044134		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2012
Decision Date:	02/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

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 Pain Management & Rehabilitation, has a subspecialty in Interventional Spine 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 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 31 Years Old male with a date of injury of 07/17/2012. The listed diagnoses per [REDACTED] dated 10/18/2013 are: 1. Thoracic Sprain/Strain 2. Lumbosacral/Joint/Ligament Sprain 3. Rectus femoris tear According to report dated 10/08/2013 by [REDACTED], patient presents with complaints of "staying asleep, not falling asleep." Report notes that sleep hygiene was discussed and patient was given educational materials and counseled on sleep habits. An Epworth sleepiness scale showing score of 16 (12-24 being in the abnormal range) was provided for review. Treater recommends a trial of 30 tablets of Acetadryl 500 mg .

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Acetadryl 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Internet, pain, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Diphenhydramine Section.

Decision rationale: This patient present with complaints of sleep issues and has a history of low and mid back pain. Treater requests a trial of thirty tablets Acetadryl 500mg. Utilization letter dated 10/15/2013 denied request stating reports do not "justify the acetaminophen component of Acetadryl. ██████████ in an appeal letter dated 10/23/2013 states the acetaminophen is "recommended for treatment of chronic pain & acute exacerbation of gastrointestinal cardiovascular and renovascular risk factor" and is recommend as a first line therapy for low back pain. He goes on to state that "Diphenhydramine, as a sleep aid the FDA has determined it is safe and effective". Acetadryl is a combination of Acetaminophen and Antihistamine. MTUS page 61 recommends Nonprescription medications like Acetaminophen (safest); NSAIDs (aspirin, ibuprofen). (Bigos, 1999). However, "there should be caution about daily doses of acetaminophen and liver disease if over 4 g/day or in combination with other NSAIDs." (Watkins, 2006). In report dated 09/05/2013 treater reports patient would no longer like Norco secondary to the side effects and a refill of ibuprofen 800 was dispensed. Treater is requesting Acetaminophen #30 while patient is already taking ibuprofen 800, which MTUS warns against. In regards to Diphenhydramine, ODG guidelines under Diphenhydramine states "sedating antihistamines are not recommended for long-term insomnia treatment." ODG guidelines under insomnia also states: "(4) Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, over-the-counter (OTC) in U.S.]" However, tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function." Long-term use of Benadryl is not well established per ODG guidelines. Therefore, Decision for 30 Tablets of Acetadryl 500mg is not medically necessary and appropriate.