

Case Number:	CM13-0063197		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2008
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Texas. 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 patient is a 33-year-old female who reported an injury on 2/25/08. She tripped over a chair and sustained an injury to her left knee. She is diagnosed with status post ACL repair, and chronic left knee pain. Her symptoms are noted to include chronic left knee pain as well as symptoms of depression, anxiety, and sleep difficulties. The medical records provided for review indicated that her medications included Ultracet 37.5/325mg, Prilosec 20mg, glucosamine sulfate 500mg, and Trazodone fluoxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACETADRYL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

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

Decision rationale: The request is for Acetadryl, which includes acetaminophen and diphenhydramine. According to the California MTUS Guidelines, acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. In regards

to diphenhydramine, the Official Disability Guidelines indicate that sedating antihistamines have been suggested for sleep aides. However, tolerance seems to develop within a few days and side effects such as next day sedation and impaired psychomotor and cognitive function have been noted. As the clinical information submitted for review failed to provide any recent clinical notes, the patient's indication for use of diphenhydramine is not clear. She was noted to have difficulty sleeping at her 6/25/12 visit. However, use of diphenhydramine for insomnia is not supported by evidence-based guidelines. Therefore, as acetaminophen is an acceptable first-line treatment for chronic pain, the combination medication Acetadryl is not supported without further detail regarding the patient's use of diphenhydramine. As such, the request is non-certified.