

<b>Case Number:</b>	CM13-0066129		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Preventative Medicine, 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 patient is a 61-year-old male with a 1/22/10 date of injury. His subjective complaints include pain and weakness, difficulty lifting, gastritis, difficulty with sleep, depression, and anxiety. Objective findings include tenderness over the right acromioclavicular joint and rotator cuff; abduction of 150, flexion 160, and extension limited to the back pocket; and weakness of the supraspinatus and infraspinatus at 4/10. The current diagnosis is shoulder impingement syndrome, and treatment to date has been medications, including naproxen, Ultracet, Prilosec, and Acetadryl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACETADRYL (DURATION AND FREQUENCY UNKNOWN):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed); and the Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines; Title 8, California Code of Regulations, section 9792.20; and <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=59548>

**Decision rationale:** An online search identifies that Acetadryl contains acetaminophen and diphenhydramine, and is indicated for the relief of occasional headaches and minor aches and pains with accompanying sleeplessness. The MTUS does not address Diphenhydramine. The Chronic Pain Medical Treatment Guidelines states that acetaminophen may be recommended with documentation of chronic pain or acute exacerbations of chronic pain. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. The Official Disability Guidelines state that antihistamines are not recommended for long-term insomnia treatment. Within the medical information available for review, there is documentation of a diagnosis of shoulder impingement syndrome. In addition, there is documentation of pain and weakness, difficulty lifting, gastritis, difficulty with sleep, depression, and anxiety, and ongoing treatment with Acetadryl. However, given documentation of ongoing treatment with Acetadryl, there is no documentation of the intention to treat over a short course. In addition, there is no documentation of functional benefit or improvement as a result of Acetadryl use. Furthermore, there is no documentation of the duration and frequency of the requested Acetadryl. Therefore, based on guidelines and a review of the evidence, the request for Acetadryl is not medically necessary.