

<b>Case Number:</b>	CM14-0001378		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/25/1994
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 & Rehabilitation 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 injured worker is a 64-year-old female who reported an injury on 08/25/1991 and the mechanism of injury was not provided within the medical records. The clinical note dated 01/21/2014 indicated the injured worker complained of low back pain. The injured worker also reported falling 2 times, once on a wet floor, and once on her left leg due to fatigue. The injured worker had an SI joint fusion in 05/2012 which reduced buttock spasms and left leg radicular pain. The injured worker had blurred vision, muscle pain, loss of range of motion, frequent headaches and itching. The injured worker's pain was rated 4/10 at worst. The injured worker reported her pain was rated 6/10 upon examination on 01/21/2014 and described her pain as frequent, hot, burning, and aching. The injured worker's medication regimen included Prozac, OxyContin, Benadryl, Imitrex, Norco, and Motrin. The Request for Authorization for was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIPHENHYDRAM CAP 50MG QTY #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia.

**Decision rationale:** The Official Disability Guidelines (ODG) guidelines indicate sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. The guidelines also state next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. There was lack of evidence of the injured worker having insomnia or a sleep disturbance. In addition, the injured worker has been prescribed benadryl since at least 01/25/2013 without relief. Therefore, continuation of the medication would not be supported.