

Case Number:	CM14-0006879		
Date Assigned:	02/07/2014	Date of Injury:	03/28/1995
Decision Date:	06/27/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/17/2014

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 Occupational 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 64-year-old female with a 3/28/95 date of injury. The patient twisted her neck and back to avoid a fight that broke out in the department. On 12/3/13, the patient had low back and left leg pain. She also had increased left foot pain associated with burning. On exam, the patient was alert and oriented. Benadryl was prescribed for occasional itching secondary to medication. Diagnostic Impression: lumbar radicular pain, chronic pain syndrome, and post-laminectomy syndrome. Treatment to date includes lumbar laminectomy in 1995, medication management, and activity modification. A UR decision dated 1/6/14 modified the request to Carisoprodol 350 mg 60 tablets to 30 tablets to allow the provider to wean. Soma was denied based on the fact that it is not recommended for longer than a 2 to 3 week period. The request for diphenhydramine was also denied based on the fact that it is an antihistamine that is used to treat symptoms of fever, allergies, or the common cold, or as a sleep aid. Since none of those conditions were mentioned, the necessity of this medication is not clearly described.

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IMR ISSUES, DECISIONS AND RATIONALES

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

DIPHENHYDRAMINE HCL 25 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nih.gov/pubhealth>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Benadryl)

Decision rationale: The California MTUS and Official Disability Guidelines (ODG) do not address this topic. The FDA states that Benadryl is an antihistamine in this product may cause drowsiness, and therefore it can also be used as a nighttime sleep aid. Antihistamines can also be used to help relieve allergy or cold symptoms such as watery eyes, itchy eyes/nose/throat, runny nose, and sneezing. In this case, there is no description of insomnia, allergy or cold symptoms in this patient. It is noted that the patient uses this medication for occasional itching associated with the medication. It is not clearly described which medication she has associated pruritis with, and whether this medication has been discontinued to the adverse side effects. Therefore, the request for Diphenhydramine HCl 25 mg is not medically necessary and appropriate.

CARLSOPRODOL 350 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Carisoprodol)

Decision rationale: The California MTUS Guidelines states that SOMA is not recommended. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for the sedative and relaxant effects. Carisoprodol abuse has been noted to augment or alter effects of other drugs. In this case, the patient has been on Carisoprodol long-term, which exceeds guidelines recommendations. This request was modified on the initial review to allow for weaning from 60 tablets to 30 tablets. Guidelines state that there is little research in terms of weaning for Carisoprodol and there is no standard treatment regimen for patients with known dependence. Guidelines do not support the long-term, continued use of Carisoprodol. Additionally, there is no clear description of acute muscle spasm or an exacerbation of the patient's chronic pain that would benefit from the short-term use of a muscle relaxant. Therefore, the request for Carisoprodol 350 mg #60 is not medically necessary and appropriate.