

<b>Case Number:</b>	CM14-0132759		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/06/1984
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Internal 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 62 year old male who was injured on 11/06/1984. The mechanism of injury is unknown. Prior medication history included Axid, Benadryl 50 mg, Celebrex, Diazepam, Dilantin, Losartan, meperidine, Primidone, and simvastatin. The patient underwent complete system contents removal under fluoroscopy and pump analysis, refill and reprogramming on 04/18/2014. Progress report dated 07/21/2014 documented the patient to have complaints of low back pain that is burning and numbing. He noted he has intense nausea as well. The pain intensity is slight to moderate. The patient is diagnosed with lumbar disc degeneration, thoracic vertebral closed fracture, and lumbar vertebral closed fracture. The patient is prescribed Benadryl (utilizing since 02/03/2014) and Meperidine. There is no indication for Benadryl and its use. Prior utilization review dated 08/06/2014 states the request for Benadryl 50mg #120 is denied as there is no documented efficacy or measurable objective benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Benadryl 50mg, #120:** 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 <http://www.rxlist.com/benadryl-drug.htm>

**Decision rationale:** CA MTUS and ODG is silent regarding the request. The referenced guidelines recommend Benadryl as an option for occasional insomnia, cough, or allergic reaction. The clinical notes document the patient complains of chronic pain and nausea. However, an indication for the use of Benadryl was not provided. It is unclear from the documents provided why Benadryl is being prescribed as a chronic medication. In general, Benadryl is not used on a daily basis and can cause significant somnolence which the patient has complained of in the past. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.