

Case Number:	CM14-0043206		
Date Assigned:	07/02/2014	Date of Injury:	06/12/2007
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family 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:

This injured worker's date of injury is 06/12/2007. The patient receives treatment for migraine headache, shoulder, and neck pain. The patient underwent radio frequency neurotomies in the lumbar region. The patient visited an ED for a headache episode on 02/26/2014. The patient complained of a pain rising from the neck to the right temporal area. On exam the neck had full ROM. Neurologic exam was intact. The ED physician treated the patient with Compazine and Toradol. The notes indicate a "second round Compazine Benadryl" will be given.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIPHENHYDRAMINE 50MG/ML SOLN 1 ML VIAL QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS.

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

Decision rationale: The ED notes do not clearly state a medical diagnosis. This request is for a vial of diphenhydramine 50mg for IV injection. This drug is an antihistamine, which may be

medically indicated for treatment of a systemic allergic response or to induce sedation. When used repeatedly, tolerance may develop rapidly. Based on the documentation, the diphenhydramine is not medically indicated.