

<b>Case Number:</b>	CM14-0067084		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/17/1996
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 61 year old employee with date of injury of 2/17/1996. Medical records indicate the patient is undergoing treatment for Radiculitis/Radiculopathy, Lumbar/Thoracic. Subjective complaints include: stable symptoms; she is independent with activities of daily living. Objective findings include antalgic gait, tenderness to palpation of the lumbar spine as well as the sacroiliac joints. Treatment has consisted of Valium, Norco, Nabumetone, Diphenhydramine, Dilaudid and Colace. The utilization review determination was rendered on 4/10/2014 recommending non-certification of a Nabumetone 500mg 60 count; Valium 10mg 120 count and Diphenhydramine 25mg 60 count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nabumetone 500mg 60 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; Relafen Page(s): 67-72.

**Decision rationale:** MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased

cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states, "Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg PO. The dose can be divided into 500 mg PO twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. Patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. (Relafen Package Insert)". The treating physician provided no documentation of a trial and failure of Tylenol, exacerbation of chronic pain, and that Nabumetone decreases her pain. The treating physician has not provided any justification to meet MTUS guidelines. As such, the request for Nabumetone 500mg 60 count is not medically necessary.

**Valium 10mg 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines.

**Decision rationale:** MTUS states that benzodiazepine (i.e. Valium) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG states, "Benzodiazepines are not recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." The treating physician has provided no documentation of functional improvement while on Valium. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations of 4 weeks. Additionally, the utilization reviewer recommended weaning of the medication. As such, the request for Valium 10mg 120 count is not medically necessary.

**Diphenhydramine 25mg 60 count:** 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) Chronic Pain, insomnia.

**Decision rationale:** MTUS is silent on the use of diphenhydramine. ODG discusses the use of diphenhydramine as an over the counter sleep aid in the chronic pain segment. For insomnia ODG recommends that, "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. ODG recommends that, "Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. 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 is documentation of psychiatric diagnoses to include unspecified mood disorder, adjustment disorder, and mild clinical depression. The patient's insomnia has gone on for years and based on ODG guidelines a trial of anti-depressants to treat the underlying psychiatric illness should have occurred. As such, the request for Dicopanor (Diphenhydramine) 5mg/5ml Oral Suspension 150 ml Take 1ml Po Hs #1 is not medically necessary.