

<b>Case Number:</b>	CM14-0078136		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/01/2004
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 and Rehabilitation, has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 sustained a work injury on 09/01/04 when he lost his balance while searching a room. He sustained an injury to the left knee and underwent arthroscopy on 09/27/13. He continues to be treated for chronic pain and for major depressive disorder. On 01/27/14 he was having occasional swelling, stiffness, aching, and pain in the left knee. There had been improvement after a Synvisc injection. He was using a cervical pillow with improved sleep. Pool therapy was recommended. He was continued at temporary total disability. On 03/26/14 he had improved cervical spine range of motion but continued limited left upper extremity range of motion. Naprosyn, Protonix, Norco, and Ultram ER were refilled. On 04/22/14 he was having numbness and tingling radiating from his neck. Injections had not provided long-term pain relief. He had an antalgic gait favoring his left knee and was now having lumbar spine and right knee pain which had worsened. Physical examination findings included left knee medial joint line tenderness and crepitus and grinding bilaterally. He was to continue pool therapy. He was seen by the requesting provider on 02/28/14. Klonopin had been discontinued. He was having difficulty sleeping after coverage for Benadryl had been denied. He was taking a higher dose of Cymbalta which was helping with pain and mood. There had been improvement after a cervical injection. He was having knee pain. He was continuing to receive psychotherapy and physical therapy treatments. Since he was not sleeping he felt that he was getting out less. Depression was rated at 6/10. Physical examination findings included a normal mental status examination. Diagnoses include major depressive disorder and there was a GAF of 55 consistent with moderate difficulty in social or occupational functioning. Wellbutrin XL 300 mg and Cymbalta 60 mg were continued. He was seen by the requesting provider on 04/24/14. Medications were Cymbalta 60 mg QHS and Benadryl 50-100 mg was prescribed as needed for sleep.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Benadryl 50-100mg with 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment.

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

**Decision rationale:** The claimant has a history of a work-related injury occurring more than 10 years ago and continues to be treated for chronic pain and major depressive disorder. After discontinuing Klonopin he had difficulty sleeping and Benadryl was prescribed. Klonopin (clonazepam) is a benzodiazepine which is not recommended for long-term use. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety and, in this case, may be the reason the claimant is having difficulty sleeping. In terms of the claimant's insomnia, treatment should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore the requested Benadryl 50-100mg with 4 refills was not medically necessary.