

<b>Case Number:</b>	CM14-0194247		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	02/03/1999
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Ohio. 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 is a 67-year-old male with a date of injury of February 3, 1999. Injured worker complains of severe low back pain with radiation to the right lower extremity October 8, 2014 he was noted to have an extensive rash to his backside in the region where he was applying Voltaren gel. Benadryl 50 mg was prescribed 4 times daily as a consequence. The physical exam reveals a rash over the back and posterior thighs. He has diminished lumbar range of motion with severe low back spasms. He has generalized tenderness over the right knee with associated crepitus. The diagnoses include lumbar degenerative disc disease, lumbar radiculopathy, right knee degenerative joint disease, lumbar facet disease, depression, posttraumatic stress disorder, anxiety, and bradycardia. The Benadryl was denied by the utilization review physician because it was felt that it was being prescribed for sleep assistance and because sedating antihistamines are relatively contraindicated in the elderly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tablets of Benadryl 50mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Mental Illness & Stress Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Geriatrics Society 2012 Beers Criteria Update Expert Panel, American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults- Table 2; Up to Date, Patient information: Contact dermatitis (including latex dermatitis) (Beyond the Basics)

**Decision rationale:** Allergic contact dermatitis occurs when the skin comes in direct contact with an allergen. This activates the body's immune system, which triggers inflammation. Allergic contact dermatitis can occur after being exposed to a new product or after using a product for months or years. Common allergens -- Poison ivy, poison oak, and poison sumac contains oil called urushiol, which is the most common cause of allergic contact dermatitis. Ginkgo fruit and the skin of mangoes also contain urushiol and can cause allergic contact dermatitis. (See "Patient information: Poison ivy (Beyond the Basics)".) Other common allergens include nickel in jewelry (picture 2), perfumes and cosmetics, components of rubber, nail polish, and chemicals in shoes (both leather and synthetic) (picture 3). Allergic contact dermatitis can also be triggered by certain medications, including hydrocortisone cream, antibiotic creams (sample brand names: Neosporin, Bacitracin), benzocaine, and thimerosal. Laundry detergents are an uncommon cause of allergic contact dermatitis. Symptoms -- Symptoms include intense itching and a red raised rash. The rash may blister in severe cases. The rash is usually limited to areas that were in direct contact with the allergen, but a rash can appear in other areas of the body, if the allergen was transferred to those areas on a person's hands (picture 4). Washing the allergen away with soap and water can usually prevent this spread. The rash typically appears within 12 to 48 hours of exposure to the allergen, although in some cases it may not appear for up to two weeks. Less commonly, the rash persists for months or years, which makes it difficult to identify the cause of the reaction. Diagnosis -- The diagnosis of allergic contact dermatitis is based upon a person's history and physical examination. If symptoms improve after the allergen is eliminated, this supports the diagnosis. Patch testing may be recommended in some cases and is usually performed by a dermatologist or allergist. Treatment -- Allergic contact dermatitis usually resolves within two to four weeks after the allergen is eliminated, although it can take more time in some cases. Several measures can minimize symptoms during this time and help to control symptoms in people who have chronic allergic contact dermatitis. Whenever possible, identify and stop all exposure to the allergen. Oatmeal baths or soothing lotions such as calamine lotion can provide relief in mild cases. Topical corticosteroids (steroids) may be recommended for people with mild to moderate symptoms. Steroid creams and ointments are available in a variety of strengths (potencies); the least potent are available in the [REDACTED] without a prescription (eg, hydrocortisone 1% cream). More potent formulations require a prescription. For people with more bothersome symptoms, wet or damp dressings are recommended, especially when the affected area is oozing fluid and crusting. Such dressings are soothing and relieve itching, reduce redness, gently remove crusts, and prevent additional injury from scratching. A damp cotton garment (the garment is soaked with water and then wrung out) is worn over the affected area and covered with a dry garment. As an example, for an adult with allergic contact dermatitis of the legs, wet long underwear can be covered with larger dry long underwear. Adults may prefer to apply wet dressings at night. When used during the day, wet dressings should be changed every eight hours. Infants and toddlers with extensive skin involvement can wear wet pajamas covered by a dry pair of pajamas or a sleep sack. In people with severe dermatitis, a short course of oral steroids (eg, prednisone) may be recommended to get symptoms under control. The use of

topical antihistamines (sample brand name: Benadryl) should be avoided because it can cause contact dermatitis. Oral Benadryl is specifically listed as a drug to avoid in oral form by the American Geriatrics Society Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. However, its use in special situations such as acute treatment of severe allergic reaction may be appropriate. In this instance, the ODG and CA MTUS do not specifically address the use of oral Benadryl in cases of allergic reactions caused by topical medications. The medical record describes what sounds like a fairly severe allergic reaction to a topical pain medication. Therefore, 30 tablets of Benadryl 50mg were medically necessary.