

Case Number:	CM15-0003295		
Date Assigned:	01/14/2015	Date of Injury:	11/17/1999
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female with an injury date of 11/17/99. Based on the 12/09/14 progress report provided by treating physician, the patient complains of low back pain rated 07/10 with radiation into the right lower extremity. The patient also reports itching. Physical examination noted that the patient is awake, alert and oriented to time, place, and object. The reports do not reflect whether or not the patient is working. Diagnosis 12/09/14-Lumbar disc degeneration-Displacement of lumbar intervertebral disc without myelopathy. The utilization review determination being challenged is dated 12/22/14. The rationale follows: 1) One Month Supply of Benadryl: "...Benadryl is being prescribed for itching..." 2) One Month Supply of Ambien: "...Ambien is not recommended long term..." Treatment reports were provided from 05/21/14 - 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month supply of Benadryl: 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)

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 Chapter, Insomnia treatment

Decision rationale: The patient presents with low back pain rated 07/10 with radiation into the right lower extremity. The patient also reports itching. The request is for One Month Supply of Benadryl for itching. Physical examination noted that the patient is awake, alert, and oriented to time, place, and object. Patient's diagnosis on 12/09/14 included lumbar disc degeneration and displacement of lumbar intervertebral disc without myelopathy. The reports do not reflect whether or not the patient is working. MTUS is silent on Benadryl/antihistamines. ODG, Mental Illness and Stress Chapter, states the following, under the Insomnia treatment section, "Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days." The prescription for Benadryl was first noted in the progress report dated 05/21/14 and the patient has been receiving this medication consistently at least since then. Per ODG, sedating antihistamines have been suggested for sleep aids. In this case, treater is requesting Benadryl as a treatment for itching and there is no explanation as to why the patient has itchiness and would appear to be due to the patient's medication use. Benadryl is commonly used for itchiness but the patient has been on this medication for a number of months without any discussion as to how it has been working. There is no documentation of on-going need for this medication. The request IS NOT medically necessary.

One month supply of Ambien: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Chapter Pain (Chronic) and Topic Zolpidem

Decision rationale: The patient presents with low back pain rated 07/10 with radiation into the right lower extremity. The patient also reports itching. The request is for One Month Supply of Ambien for itching. Physical examination noted that the patient is awake, alert, and oriented to time, place, and object. Patient's diagnosis on 12/09/14 included lumbar disc degeneration and displacement of lumbar intervertebral disc without myelopathy. The reports do not reflect whether or not the patient is working. ODG guideline, Chapter Pain (Chronic) and Topic Zolpidem, states that the medication is indicated for "short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain." The guidelines also state "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." Adults who use zolpidem have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis." The treater has not provided a rationale for the continuation of Ambient. In this case, a

prescription for Ambien is first noted in progress report dated 05/21/14 and the patient has been taking the medication consistently since then. The patient has been taking the medication for a long time and the current request for one month supply exceeds the 7-10 days use recommended by the ODG guidelines, due to negative side effect profile. This request IS NOT medically necessary.