

Case Number:	CM15-0147572		
Date Assigned:	08/10/2015	Date of Injury:	09/16/2009
Decision Date:	09/04/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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 injured worker is a 65 year old male, who sustained an industrial injury on 9-16-2009. He reported acute low back pain from lifting activity. Diagnoses include chronic thoracic and lumbar sprain, lumbar disc protrusion, facet syndrome, radiculopathy, chronic myofascitis and myositis, bilateral hip sprain, and anxiety and depression. Treatments to date include activity modification, medication therapy, physical therapy, home exercise, and lumbar epidural steroid injection. Currently, he complained of neck pain with radiation down the right upper extremity, low back pain with radiation to bilateral lower extremities, frequent gastrointestinal upset and mild itching from pain medications. On 4-14-15, the physical examination documented lumbar tenderness with restricted range of motion, decreased sensation to lower extremities and positive straight leg raise test bilaterally. The right shoulder was noted to be tender with palpation and have decreased range of motion. The plan of care included a prescription for Benadryl 50 mg tablets #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benadryl 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment, pages 535-536. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burns, Itch Control, page 62.

Decision rationale: Diphenhydramine HCl is anti-histamine with anti-cholinergic and sedative side effects indicated for medical diagnosis of urticaria and allergies. Diphenhydramine may be indicated for short-term use up to few days for moderate pruritus in patients with atopic dermatitis, hives, common cold, motion sickness, allergic rhinitis, and in sleep disorders. Submitted reports have not adequately demonstrated the indication or medical need for this medication for this chronic injury without documented functional improvement from treatment already rendered. Ongoing monitoring of functional efficacy is required to continue appropriate treatment. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2009 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The patient continues with chronic symptoms on multiple medications for this chronic injury without improvement. The Benadryl 50mg #30 is not medically necessary and appropriate.