

<b>Case Number:</b>	CM15-0169253		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/24/2008
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47 year old male who sustained an industrial injury on 7-24-08 when he fell 30-35 feet resulting in injury to his low back, right elbow, right wrist, pelvis and right knee. Diagnoses include mood disorder; panic disorder without agoraphobia; multiple trauma; head injury with post-concussive syndrome; status post open reduction internal fixation of right elbow and right wrist fractures with residual stiffness in both areas and neuropathic pain in the right elbow; lumbar sprain, strain with chronic right radiculopathy; status post lumbar surgery (2010); gait disorder due to right lower extremity atrophy and weakness due to persistent radiculopathy; status post open reduction internal fixation pelvic fracture (2008); right knee sprain, strain; chronic pain syndrome with chronic opiate use; status post lumbar laminectomy and L2 intradural tumor resection (12-5-11). He currently (7-30-15) complains of sharp low back radiating to the right leg, right elbow, right wrist, pelvis and right knee pain with a pain level of 8 out of 10. On physical exam there was tenderness to palpation of the lumbar spine; there was mild tenderness of the cervical spine with decreased range of motion; tenderness of the right elbow with decreased range of motion; tenderness about the right wrist. Diagnostics included electromyography, nerve conduction study (5-2-11) abnormal; MRI of the lumbar spine (9-2011) abnormal; MRI of the cervical spine (7-5-11) with abnormalities. Prior treatments included medications (current); Percocet, Compazine, Lyrica, Cymbalta, Ambien, Benadryl, Pamelor; acupuncture (dates and results unknown); surgery of the right elbow, right wrist and pelvis (2008); cervical and lumbar injections without benefit; physical therapy without benefit; psychiatric evaluation; right knee brace. In the progress note dated 6-29-15 the treating provider's

plan of care included requests for Benadryl 50 mg #30; Ambien CR 12.5 #30. A request for authorization dated 7-29-15 requested Benadryl 50mg #30; Ambien CR 12.5mg #30. The original utilization review dated 8-5-15 non-certified the requests for Benadryl 50mg #30; Ambien CR 12.5mg #30 modified to #15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **30 tablets of Benadryl 50 mg: 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 Physician Desk References, under Diphenhydramine.

**Decision rationale:** This claimant was injured about 7 years ago with diagnoses of include mood disorder; panic disorder without agoraphobia; multiple trauma; head injury with post-concussive syndrome; status post open reduction internal fixation of right elbow and right wrist fractures with residual stiffness in both areas and neuropathic pain in the right elbow; lumbar sprain, strain with chronic right radiculopathy; status post lumbar surgery (2010); gait disorder due to right lower extremity atrophy and weakness due to persistent radiculopathy; status post open reduction internal fixation pelvic fracture (2008); right knee sprain, strain; chronic pain syndrome with chronic opiate use; status post lumbar laminectomy and L2 intradural tumor resection (12-5-11). This came from a 30 foot fall with many injuries. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines were silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Benadryl is another name for diphenhydramine. Per the Physician Desk Reference, this is a medicine used for allergy. The records do not portray the patient as having an allergic condition. The use of the medicine to aid the claimant's injury care is not clinically clear based on the records. The request is appropriately not medically necessary.

#### **30 tablets of Ambien CR 12.5 mg: 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), Treatment Index, 11th Edition (Web), 2014, Mental Illness & Stress (updated 03/25/2015), Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Zolpidem.

**Decision rationale:** This claimant was injured about 7 years ago with diagnoses of include mood disorder; panic disorder without agoraphobia; multiple trauma; head injury with post-concussive

syndrome; status post open reduction internal fixation of right elbow and right wrist fractures with residual stiffness in both areas and neuropathic pain in the right elbow; lumbar sprain, strain with chronic right radiculopathy; status post lumbar surgery (2010); gait disorder due to right lower extremity atrophy and weakness due to persistent radiculopathy; status post open reduction internal fixation pelvic fracture (2008); right knee sprain, strain; chronic pain syndrome with chronic opiate use; status post lumbar laminectomy and L2 intradural tumor resection (12-5-11). This came from a 30 foot fall with many injuries. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. In this claimant, the use of sleep medicine in the presence of a head injury is a questionable practice, as it can obscure neurologic signs and symptoms. Also, the guides note that pain specialists rarely, if ever, recommend them for long-term use. 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. (Feinberg, 2008). I was not able to find solid evidence in the guides to support long-term usage. The earlier review recommended a decrease to 15, but given the chronicity of the case, and the accompanying head injury with neurologic sequelae, I would be averse to certifying even a partial certification. The medicine was appropriately not medically necessary.