MAXIMUS Federal Services

Case Number:	CM15-0202947		
Date Assigned:	10/19/2015	Date of Injury:	06/13/2009
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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:

This 47 year old female sustained an industrial injury on 6-13-09. Documentation indicated that the injured worker was receiving treatment for ankle and back pain. Previous treatment included right ankle surgery (2013), physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator unit, injections, bracing, orthotic shoes, group psychotherapy and medications. In a psychological evaluation dated 7-6-15, the injured worker stated that she took Benadryl because Nucynta caused itching. In a visit note dated 8-13-15, the injured worker complained of persistent "severe" right ankle pain and "severe" back pain. The physician noted that the injured worker had difficulty with right ankle weight bearing as well as difficulty standing, bending and lifting due to back pain. In the review of symptoms, the injured worker complained of nausea, dizziness, headaches and severe fatigue. Physical exam was remarkable for lumbar spine with spasms and guarding and 4 out of 5 right ankle dorsiflexion and plantar flexion. The injured worker walked with an antalgic gait, using a cane and wore orthotic shoes and a right ankle Richie brace. Current medications included Diphenhydramine, Lidoderm Patch, Gralise, Thermacare Heat Wrap, Rozerem, Nucynta, Brevicon, Motrin and Oxybutynin. The treatment plan included prescriptions for Nucynta and Rozerem. In a visit note dated 9-1-15, the injured worker called the office to request a refill of her medications. No subjective complaints were documented. The physician noted that the injured worker had been compliant with the use of her medications. The treatment plan included prescriptions for Gralise and Diphenyhdramine. On 9-16-15, Utilization Review noncertified a request for Diphenhydramine 25mg #90 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diphenhydramine 25mg #90 with 2 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), Pain (Chronic) (updated 9/8/15), insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA webpage.

Decision rationale: Guidelines state that diphenhydramine is used for sneezing, runny nose, itching, hives and other symptoms of allergies. In this case, there is no rationale for prescribing diphenhydramine in this case and there is no indication why the claimant would require a specialized formulation of diphenhydramine as opposed to an over the counter tablet form. The request for diphenhydramine 25 mg #90 with 2 refills is not medically necessary.