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| <b>Case Number:</b>   | CM15-0028543 |                              |            |
| <b>Date Assigned:</b> | 02/20/2015   | <b>Date of Injury:</b>       | 06/11/1995 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 02/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/13/2015 |

### 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 55 year old female, who sustained an industrial injury on 6/11/1995. The current diagnoses are status post cervical surgery (1/9/2015), displacement of cervical intervertebral disc without myelopathy, cervicalgia, degenerative disc disease of the cervical spine, and facet arthropathy of the cervical spine. According to the progress report dated 1/8/2015, the injured worker complained of increased neck and bilateral shoulder pain. She also noted a drastic increase in the frequency, duration and intensity of her headaches and muscle spasms. The pain is rated 7/10 on a subjective pain scale. The pain can range from 4/10 with medications and 10/10 without. Current medications are Hydromorphone, Tizanidine, Oxycodone, Robaxin, Gabapentin, Cymbalta, Zofran, Nabumetone, Prilosec, Senokot, Zonalon, Diphenhydramine, Flector, and Voltaren. The physical examination of the cervical spine revealed diffuse tenderness over the cervical paraspinals. Range of motion is limited. Treatment to date has included medications, cervical injections, and surgery. The treating physician is requesting Diphenhydramine Hydrochloride 50mg/1 #60 with 3 refills and Zonalon 5% #60 with 1 refill, which is now under review. On 2/3/2015, Utilization Review had non-certified a request for Diphenhydramine Hydrochloride 50mg/1 #60 with 3 refills and Zonalon 5% #60 with 1 refill. Evidenced based guidelines do not address these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diphenhydramine Hydrochloride 50mg/1 #60 with 3 refills:** 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 ODG, Burns, Itch Control, page 62

**Decision rationale:** Diphenhydramine HCl is an 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. 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. Non-specific dosing cannot be supported as ongoing monitoring of functional efficacy is required to continue appropriate treatment. The patient continues with chronic symptoms on multiple medications for this chronic injury without improvement. The Diphenhydramine Hydrochloride 50mg/1 #60 with 3 refills is not medically necessary and appropriate.

**Zonalon 5% #60 with 1 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113; Antidepressant for Chronic Pain, 13-16.

**Decision rationale:** Zonalon 5% is topical Doxepin, an antidepressant that may be indicated for short-term use up to 8 days for moderate pruritus in patients with atopic dermatitis. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical compound antidepressant over oral medication for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical medication for this chronic injury without documented functional improvement from treatment already rendered. Submitted reports have demonstrated medical indication for Zonalon in providing the patient with functional improvement. Non-specific dosing cannot be supported as ongoing monitoring of functional efficacy is required to continue appropriate treatment. The patient continues with chronic symptoms on multiple medications for this chronic injury without improvement. The Zonalon 5% #60 with 1 refills is not medically necessary and appropriate.