

<b>Case Number:</b>	CM15-0212771		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 44 year old male with a date of injury on 05-20-2014. The injured worker is undergoing treatment for lower back pain and right leg pain consistent with radiculopathy, chronic lumbar sprain-strain and chronic pain. A physician progress note dated 08-27-2015 documents the injured worker complains of chronic severe low back pain and left leg pain with numbness and weakness of the lower extremity. He has significant reduction of his pain from a lumbar epidural steroid injection and that his pain dropped from 2 to 3 after the treatment but it has increased backup to 5 over the last month. He still reports an almost 50% reduction in pain. After 8 physical therapy sessions his pain relief is back down to 4. He reposts increased strength of the lower extremity and decreased numbness. He is able to walk without a cane still, but carries it for security. He has decreased his Norco to 1-2 a day, which is a significant reduction, and reduced his Anaprox from 2 tablets to 1-2 a day as a result of the previous injection. His cyclobenzaprine is reduced to 1-2 times a day. A random urine toxicology screen was consistent with his medications. His lumbar range of motion is increased since 04-09-2015 to 90 degrees flexion. There is tenderness to palpation at L1-2, L2-3 and L3-4. Lumbar paravertebral muscles and gluteal muscles are mildly tender bilaterally. Treatment to date has included diagnostic studies, medications, lumbar epidural steroid injections, and physical therapy. Current medications include Norco, Anaprox and Cyclobenzaprine, and Omeprazole. The treatment plan includes Acetardryl, reducing Norco from 10-325mg to Norco 7.5-325mg, continuing Fexmid, Anaprox, Omeprazole, and he is scheduled for a repeat L5-S1 epidural steroid injection on 09-16-2015, and urine toxicology. On 10-07-2015 Utilization Review

non-certified the request for Acetadryl (Acetaminophen 500mg/Diphenhydramine 25mg) quantity 50.

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

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

**Acetadryl (Acetaminophen 500mg/Diphenhydramine 25mg) quantity 50:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-156059-Acetadryl+Oral.aspx?drugid=156059&drugname=Acetadryl+Oral>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary / Allergy medication.

**Decision rationale:** Per CA MTUS Chronic Pain Medical Treatment Guidelines (Pain Interventions and Treatments): "Acetaminophen (APAP) Recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs." The CA MTUS continues to list indications for the use of APAP, which include osteoarthritis of the hip, knee and hand and chronic lower back pain. In this case, there is evidence of the CA MTUS-specified indications for the use of APAP. Per ODG Pulmonary / Allergy medication: "Recommend antihistamines for management of acute allergic reactions. Recommend newer antihistamines when sedation is a concern. First-generation antihistamines, like Diphenhydramine (Benadryl), for the treatment of acute allergic reactions can have adverse effects on the central nervous system and thereby complicate discharge planning from the emergency department (ED). Newer antihistamines are potentially safer, causing less sedation with similar efficacy. Diphenhydramine impairs psychomotor performance and cognitive function. Loratadine (Claritin) and desloratadine (Clarinx) are non-sedating but less efficacious than cetirizine (Zyrtec) or fexofenadine (Allegra). The incidence of sedation with cetirizine is less than that of first-generation antihistamines but is greater than placebo. Cetirizine has the fastest onset of action among the newer antihistamines. Fexofenadine does not impair psychomotor or cognitive skills and shows no dose-related increase in sedation but has a slower onset of action than diphenhydramine and cetirizine. Newer antihistamines cost approximately \$0.52-2.39 more per dose than diphenhydramine (\$0.37). Newer antihistamines provide similar efficacy as first-generation antihistamines but with less sedation. This benefit outweighs the small increase in cost and newer antihistamines should be considered in the management of acute allergic reactions. Although comparative trials are not available, newer antihistamines are an option for management of acute allergic reactions when sedation is a concern. (Banerji, 2007) See also Antihistamines (oral)." In this case, there is no medical necessity for the use of diphenhydramine/benadryl. Thus, the request is not medically necessary.