MAXIMUS Federal Services

Case Number:	CM15-0215324		
Date Assigned:	11/05/2015	Date of Injury:	05/13/2011
Decision Date:	12/21/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	11/02/2015

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: 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 46 year old, female who sustained a work related injury on 5-13-11. A review of the medical records shows she is being treated for neck and low back pain and headaches. In the progress notes dated 7-30-15 and 8-13-15, the injured worker reports less pain in neck and right arm since cervical epidural steroid injection. She rates her pain at 4 out of 10. She reports "dramatic relief of pain" in low back and right leg since lumbar epidural injection. She rates her low back pain level a 6-7 out of 10 without medications and a 2-3 out of 10 with medications. She reports headaches primarily in the right side of her face but also radiates from middle of head to her forehead. With taking her pain medication, her headache comes down from 7 out of 10 to 4-5 out of 10. On physical exam dated 8-13-15, her cervical range of motion is decreased. She has tenderness over the right erector capitis and trapezius muscles. With the cranial nerves, she has sensory deficits along the 2nd and 3rd mandibular branches bilaterally. She has weakness of the left facial nerve including left grimace which is a newer finding. Treatments have included trigger point injections, cervical and lumbar epidural steroid injections, right shoulder injections, and medications. Current medications include hydrocodone-acetaminophen, Acetadryl, Valium, Fexmid, Cyclobenzaprine, Dendracin lotion, Zantac, probiotics, Promolaxin, and Amitriptyline. She has been taking the Acetadryl since at least April, 2015. She takes 2 different medications that contain acetaminophen. No notation of working status. The treatment plan includes requests for continuing medications, for repeat cervical and lumbar epidural steroid injections, to being aqua therapy and for a follow up. In the Utilization

Review dated 9-28-15, the requested treatment of Acetadryl 500-50mg. #50 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetadryl tab 500/50mg #50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website MD-http://www.webmd.com/drugs/drug-156059-Acetadryl + Oral.aspx?drugid=156059&drugname=Acet adryl+Oral and the Official Disability Guidelines (ODG): Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section and Other Medical Treatment Guidelines http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=59548.

Decision rationale: Per manufacturer information, Acetadryl contains Acetaminophen 500 mg and Diphenhydramine HCl 25 mg. Per MTUS guidelines, Acetaminophen is 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 caseby-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. Diphenhydramine, in this case, is used as a sleep aid. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modatilities such as cognitive behavioral therapy or addressing sleep hygiene practices have been utilized prior to utilizing a pharamacological sleep aid. In this case, the injured worker has been prescribed this medication for over a year without objective evidence of continued pain relief or functional improvement. The request for Acetadryl tab 500/50mg #50 is determined to not be medically necessary.