

<b>Case Number:</b>	CM15-0045700		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	02/23/2004
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 54-year-old male, who sustained an industrial injury on February 23, 2004. The injured worker was diagnosed as having lumbar radiculopathy, cervical and thoracic strain, left shoulder impingement, left knee strain insomnia and erectile dysfunction. Progress note dated January 9, 2015 the injured worker complains of neck and back pain rated 7/10 and left shoulder and knee pain rated 3/10 with occasional weakness and buckling of the knee. He also reports he sees an oncologist for newly diagnosed hepatic cancer. He has sleep difficulty and sexual dysfunction due to his chronic pain. There is mention of lumbar magnetic resonance imaging (MRI), prior urine toxicology report, psychiatric evaluation and electromyogram and nerve conduction study. Physical exam notes antalgic gait, spinal tenderness, shoulder tenderness, externally rotated hip and left knee tenderness. The plan includes medication, neurosurgery consultation, gym membership, home exercise, hot and cold packs and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Benadryl Capsule 50mg:** 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, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness and Stress Chapter under Diphenhydramine.

**Decision rationale:** The patient presents on 01/04/15 with cervical, lumbar and thoracic spine pain rated 7/10. Patient also complains of left shoulder and left knee discomfort rated 3/10. The patient's date of injury is 02/23/04. Patient has no documented surgical history directed at these complaints. The request is for BENADRYL CAPSULE 50MG. The RFA is dated 01/21/15. Physical examination dated 01/04/15. The patient is currently prescribed Opana, Prozac, Benadryl, Chondrolite, Prilosec, and Flexeril. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS is silent on Benadryl/antihistamines. ODG, Mental Illness and Stress Chapter under Diphenhydramine states the following: "Not recommended. See Insomnia treatment, where sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012) Anticholinergic drugs, including diphenhydramine, may increase the risk for dementia by 50% in older adults. There is an obvious dose-response relationship between anticholinergic drug use and risk of developing dementia, but chronic use, even at low doses, would be in the highest risk category. While there is awareness that these drugs may cause short-term drowsiness or confusion, which is included in the prescribing information, there is no mention of long-term effects on cognition, and generally awareness of this issue is very low, and both the public and doctors need to be encouraged to use alternative treatments where possible." The prescription for Benadryl was first noted in the progress report dated 10/03/14 and is prescribed for this patient's difficulty sleeping secondary to chronic pain. ODG does not support this medication for use as a sleep aid owing to decreased efficacy when used long term, coupled with the risk of dementia in older adults. While this patient presents with significant clinical history and associated sleep complaints, the use of this medication for insomnia is not supported by guidelines. Therefore, the request IS NOT medically necessary.