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| <b>Case Number:</b>   | CM15-0081082 |                              |            |
| <b>Date Assigned:</b> | 05/01/2015   | <b>Date of Injury:</b>       | 02/23/1995 |
| <b>Decision Date:</b> | 06/05/2015   | <b>UR Denial Date:</b>       | 04/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/27/2015 |

### 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: Family Practice

### 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 74 year old male, who sustained an industrial injury on February 23, 1995, incurring multiple neck and low back injuries after a fall from scaffolding. He was diagnosed with lumbar, cervical and thoracic disc disease, spinal stenosis, spondylosis, and radiculopathy. Treatment included multiple surgeries, pain medications, anti-inflammatory drugs, neuropathic medications, and antidepressants. Currently the injured worker complained of chronic back pain with radiculopathy and upper and lower extremity pain and neuropathy. The treatment plan that was requested for authorization included prescriptions for Benadryl, Celebrex and Lidoderm patches. The injured worker has had recent stroke. Due to recent brain surgery, sleep is disturbed and Trazadone is not effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Benadryl 25mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**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.

**Decision rationale:** According to ODG, Diphenhydramine (Benadryl) is not recommended. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. The guidelines state that anticholinergic drugs, including diphenhydramine, may increase the risk for dementia by 50% in older adults. Recent study notes that both the public and doctors need to be encouraged to use alternative treatments where possible. Given this factors, the request for Benadryl 25mg is not medically necessary and appropriate.

**Celebrex 200mg #60 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

**Decision rationale:** Per the MTUS guidelines, cardiovascular risk does appear to extend to all non-aspirin NSAIDs, with the highest risk found for the found for the Cox-2 agents. The guidelines noted that if NSAID therapy is supported, the suggested treatment is Naproxyn. In this case, the injured worker has had a recent stroke, and the medical records do not establish attempt with Naproxen. The request for Celebrex 200mg #60 with 12 refills is not medically necessary and appropriate.

**Lidoderm patches #60 with 12 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-112.

**Decision rationale:** Per the MTUS guidelines, Lidocaine patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, while the use of this medication is supported, the refills for 12 months are excessive and are not supported. The medical records note that modification has been rendered to allow one month supply. The request for Lidoderm patches #60 with 12 refills is not medically necessary and appropriate.