

Case Number:	CM14-0146497		
Date Assigned:	09/15/2014	Date of Injury:	02/18/2010
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Pain Management and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40 year old with an injury date on 2/18/10. Patient complains of cervical pain, lower/upper lumbar pain per 7/22/14 report. Patient stated that medications and TENS unit is helpful to deal with pain per 7/22/14 report. Based on the 7/22/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar s/s2. cervical s/s3. depression Exam on 7/22/14 showed "gait is normal. Decreased range of motion of C-spine and L-spine." [REDACTED] is requesting acetadryl 500mg #50 (DOS 7/22/14) and menthoderm 120ml (DOS 7/22/14). The utilization review determination being challenged is dated 8/13/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/21/14 to 7/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetadryl 500mg #50 DOS 7/22/14: 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 guidelines, Pain chapter online for Insomnia treatment

Decision rationale: This patient presents with neck pain and lower back pain. The treater has asked for acetadryl 500mg #50 (DOS 7/22/14). Acetadryl is a tablet with acetaminophen and diphenhydramine. The patient has been taking Acetadryl "for insomnia" since at least 3/21/14 report. ODG guidelines states that antihistamines such as diphenhydramine results in development of tolerance within a few days. MTUS pg. 60 states that "a record of pain and function with the medication should be recorded." In this case, the patient has been taking Acetadryl for 4 months without mention of its efficacy in sleep management. The treater indicate whether or not tolerance has developed rendering the medication useless. The requested acetadryl 500mg #50 (DOS 7/22/14) is not supported by the guidelines. The request for Acetadryl 500mg #50 is not medically necessary.

Menthoderm 120ml DOS 7/22/14: 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 Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs (non-steroid).

Decision rationale: This patient presents with neck pain and lower back pain. The treater has asked for acetadryl 500mg #50 (DOS 7/22/14). Acetadryl is a tablet with acetaminophen and diphenhydramine. The patient has been taking Acetadryl "for insomnia" since at least 3/21/14 report. ODG guidelines states that antihistamines such as diphenhydramine results in development of tolerance within a few days. MTUS pg. 60 states that "a record of pain and function with the medication should be recorded." In this case, the patient has been taking Acetadryl for 4 months without mention of its efficacy in sleep management. The treater indicate whether or not tolerance has developed rendering the medication useless. The requested acetadryl 500mg #50 (DOS 7/22/14) is not supported by the guidelines. The request for Acetadryl 500mg #50 is not medically necessary.