

<b>Case Number:</b>	CM14-0213248		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	06/27/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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 & Rehabn

### 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 36 year old female with an injury date of 06/27/12. The 10/30/14 report states that the patient presents with lower back pain and work is causing fatigue in the lower back. The patient is working an 8 hour day. The 09/29/14 report states the patient presents with right hip pain. Examination on 10/30/14 shows positive lumbar spine tenderness at right L4, sacroiliac tenderness and positive right tensor fascia. Gait is tender. The patient's diagnoses as of 10/30/14 include: 1. Lumbosacral sprain/strain. 2. Right leg sprain/strain. 3. Right inguinal sprain/strain. 4. Pain in right sacroiliac. A lumbosacral MRI as well as pain and ortho consults are requested. Medications on 08/27/14 are listed as: Motrin, Prevacid and Tylenol PM. The utilization review is dated 11/15/14. Reports were provided for review from 05/13/14 to 12/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol PM 25/500mg, 2 tablets PO QHS #60 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter, Antihistamines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Insomnia treatment.

**Decision rationale:** The patient presents with lower back and right hip pain. The current request is for Tylenol PM 25/500mg, 2 tablets PO QHS #60 with 1 refill (Acetaminophen/Benadryl). The RFA is not included. The utilization review of 11/15/14 does not state the date of the request; however, states it was first received 11/07/14. MTUS, Acetaminophen (APAP), Page 11 states, "Recommended for treatment of chronic pain & acute exacerbations of chronic pain." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first-line therapy for low back pain." MTUS is silent on Benadryl/antihistamines. ODG, Mental Illness and Stress Chapter, states the following, under the Insomnia treatment section, "Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days." Apparently this medication was started 08/27/14. The treater does not discuss the reason the medication is prescribed. Acetaminophen is indicated for the lower back pain documented for this patient; however, there is no documentation of sleep difficulties for this patient. In this case, the request is not medically necessary.