

Case Number:	CM15-0012165		
Date Assigned:	01/29/2015	Date of Injury:	11/27/1995
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old male, who sustained an industrial injury on November 26, 1996. The diagnoses have included low back pain chronic, failed back surgery, lumbar, back pin with radiculopathy, myalgia, Xerostomia, shoulder impingement syndrome bilateral, anxiety chronic and depression chronic. Treatment to date has included global fusion L4-L5 and L5-S1 2000, medication oral and topical. Currently, the injured worker complains of bilateral legs, bilateral shoulders, bilateral buttocks, bilateral knees and bilateral low back pain that is constant and sharp, shooting, stabbing and electrical. In a progress note dated January 8, 2015, the treating provider reports kyphotic posture, slow antalgic gait, transitions gingerly when standing he uses a support of single point cane. On January 15, 2015 Utilization Review non-certified a one box of thermophore arthritis large pads and 60 capsules of Diphenhydramine HCL 50mg, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Diphenhydramine HCl 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Diphenhydramine ODG

Decision rationale: According to ODG guidelines, Diphenhydramine, an antihistamine drug, is not recommended for long term insomnia. < 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)> There is no recent documentation of insomnia in this case. There is no clear indication to use Diphenhydramine in this case. Therefore, the request is not medically necessary.