

<b>Case Number:</b>	CM15-0179407		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/01/2010
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary 63-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly associated with an industrial injury of July 1, 2010. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for Benadryl. The claims administrator referenced a July 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 12, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of lower extremity venous varicosities. The applicant also reported issues with heartburn and reflux. The applicant had developed issues with insomnia, depression, and anxiety, it was reported. A vascular surgeon referral and Motrin were endorsed. The applicant was off of work, the treating provider acknowledged. On July 22, 2015, the applicant again reported ongoing issues with low back pain, venous varicosities, weight gain, insomnia, depression, and anxiety. The applicant was asked to continue Benadryl on an as-needed basis for insomnia and continue Prilosec for reflux. The applicant was off of work, it was reported. The applicant had developed issues with weight gain, mood disturbance, and heightened irritability, it was reported on this date. There was no mention of whether or not ongoing usage of Benadryl was or was not effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Benadryl 50mg, P.O., at hours of sleep, as needed for insomnia QTY: 30: 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, Online Version, Diphenhydramine (Benadryl).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** No, the request for Benadryl was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been endorsed so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's July 22, 2015 office visit made no mention whether or not ongoing usage of Benadryl had or had not proven effective in attenuating issues with insomnia. No seeming discussion of medication efficacy transpired on that date. Therefore, the request was not medically necessary.