

Case Number:	CM15-0076152		
Date Assigned:	04/28/2015	Date of Injury:	07/01/2010
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male, who sustained an industrial injury on 7/1/2010. The current diagnoses are lumbar strain, right lumbar radiculitis, obesity, varicose veins in the bilateral lower extremities, and insomnia secondary to pain. According to the progress report dated 3/13/2015, the injured worker complains of insomnia. He reports symptomology in the lower extremities due to varicose veins and low back pain with radiation down the buttocks and bilateral lower extremities. The pain is rated 5-8/10 on a subjective pain scale. The current medications are over the counter Ibuprofen. Treatment to date has included MRI studies, compression stocking and sclerotherapy. The plan of care includes prescription for Benadryl for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benadryl 50mg quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress-Insomnia treatment.

Decision rationale: Benadryl 50mg quantity unspecified is not medically necessary per the ODG. The MTUS Guidelines do not address this issue. The ODG states that sedating antihistamines have been suggested for sleep aids. Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Diphenhydramine (Benadryl) has been shown to build tolerance against its sedation effectiveness very quickly, with placebo-like results after a third day of use. The documentation does not indicate that prior Benadryl has been helpful for this patient as the complaints of insomnia persist. The request for continued Benadryl does not have a specified quantity and is not medically necessary.