

Case Number:	CM15-0099725		
Date Assigned:	06/02/2015	Date of Injury:	06/13/2006
Decision Date:	07/08/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/25/2015

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

Certification(s)/Specialty: Family Practice

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 66 year old male, who sustained an industrial injury on 6/13/06. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc degeneration; other symptoms referable to back; degeneration of lumbar intervertebral disc; arthropathy of spinal facet joint. Treatment to date has included L5-S1 right transforaminal epidural steroid injection (11/10/14); medications. Diagnostics included MRI lumbar spine (10/23/08). Currently, the PR-2 notes dated 4/29/15 indicated the injured worker complains of right sided low back pain. He has a history of right sacroiliac joint dysfunction, facet arthrosis and L4-5 degenerative disc disease with stenosis. He is currently being treated for throat cancer, COPD and chronic bronchitis. His chronic low back and leg pain are unchanged since his last visit with pain levels with medications at 6/10 and 8/10 without medications. The injured worker reports benefit of chronic pain medication maintenance regimen, activity restriction and rest continue to keep pain at manageable levels. On physical examination of the lumbar spine there is moderate to severe tenderness and spasm of the right lumbosacral area with 90% restriction of flexion. His extension is limited. There is continued tenderness over the bilateral SI joint with palpation; right is more painful than the left. He has positive right straight leg raise and positive bilateral Patrick's. His neurological exam notes hypoesthesia on the posterior thigh and dysesthesia in the right posterolateral leg down to the ankle. The lumbar spine MRI of 10/13/108 showed degenerative disc disease encroaching on the central spinal canal with disc material extending in both foramina. There is facet arthrosis, mild central stenosis, bilateral recess stenosis and foraminal stenosis. A CT scan of the cervical spine without contrast is dated 6/10/11 with multiple degenerative disc disease notes. The provider's treatment plan includes a request for continued medications and transforaminal epidural steroid injection to the right L5-S1. The provider is requesting authorization of Benadryl 25mg #60 and Ultram 50mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Benadryl 25 mg Qty 60: 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 Diphenhydramine (Benadryl).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Insomnia treatment.

Decision rationale: The MTUS Guidelines are silent regarding diphenhydramine for insomnia. The ODG, however, states that for the treatment of insomnia, over-the-counter sedating antihistamine use seems to lead to the development of tolerance within a few days as well as involves the risk of next-day sedation with impaired psychomotor and cognitive function. Anti-histamines are not first line therapy for the treatment of insomnia and are not recommended for the elderly. In the case of this worker, although not explicitly stated in the documentation, the requested for Benadryl appeared to be for insomnia as it was recommended for nightly use. However, there was insufficient reporting in the documentation to show the worker had insomnia and to what degree and which methods were used to help this prior to considering Benadryl.

Therefore, considering the reasons above, the request for Benadryl is not medically necessary at this time.

Ultram 50 mg Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient reporting found in the documentation provided to suggest a recent review regarding Ultram use was performed. There was no evidence found in the notes to show clear and measurable functional gain and pain reduction directly related to the regular use of Ultram to help support its continued chronic use. Therefore, the Ultram will be considered not medically necessary until this is provided.