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| <b>Case Number:</b>   | CM13-0029430 |                              |            |
| <b>Date Assigned:</b> | 11/01/2013   | <b>Date of Injury:</b>       | 12/16/2002 |
| <b>Decision Date:</b> | 02/03/2014   | <b>UR Denial Date:</b>       | 09/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 58-year-old injured worker who reported an injury on 12/16/2002. Notes indicate that this patient is currently being treated for low back pain and clinical notes indicate that the patient's trazodone prescribed is currently ineffective for sleep. The patient reports chronic pain-related insomnia and ineffective sleep hygiene. Clinical notes from 10/09/2013 recommended a trial of Vistaril 25 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vistaril 25mg, quantity 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 (ODG), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment. Vistaril (Hydroxyzine) Drug Information: Description, User Reviews [www.rxlist.com](http://www.rxlist.com) ° Vistaril (hydroxyzine) side effects drug center

**Decision rationale:** The California MTUS/ACOEM Guidelines do not specifically address Vistaril. Official Disability Guidelines state that insomnia treatment is recommend, and that

treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Clinical literature states that Vistaril is a first-generation antihistamine of the diphenylmethane and piperazine class. Vistaril (hydroxyzine) reduces activity in the central nervous system. It also acts as an antihistamine that reduces the natural chemical histamine in the body. Vistaril is used as a sedative to treat anxiety and tension. It is also used together with other medications given for anesthesia. While this medication is not specifically addressed in the guidelines, the Official Disability Guidelines support the recommendation for treatment of insomnia based on the etiology and after careful evaluation of potential causes of sleep disturbance. Therefore, the recommendation for a trial of Vistaril is not supported. Furthermore, there is a lack of documentation indicating that other measures in treating the patient's insomnia have been addressed prior to the administration of pharmacologic agents. The request for 1 prescription of Vistaril 25 mg, quantity 30, is not medically necessary and appropriate.