

Case Number:	CM13-0044212		
Date Assigned:	12/27/2013	Date of Injury:	11/11/2005
Decision Date:	03/20/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/28/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 47 year-old with an 11/11/05 industrial injury claim. The 11/6/13 report lists her diagnoses as CRPS, upper extremity and chronic pain syndrome, but the 9/20/13 report shows the diagnoses as metatarsalgia, foot/ankle pain, DJD of the hip with chronic pain syndrome. The patient's pain drawing from 5/6/13 shows whole body pain, head to feet, and all extremities. The 6/27/13 report notes the patient takes Vistaril for sleep and it helps. The 5/6/13 Epworth Score is 21/24. The IMR application shows a dispute with the 10/4/13 utilization review decision on Vistaril, Relafen and Norco. The 10/4/13 utilization review letter was from [REDACTED] and based on the 9/20/13 medical report from [REDACTED]. The 9/20/13 report from [REDACTED] states the patient was taking Vistaril 25mg qhs, Relafen 500mg 2 qd; and Norco 5/325mg q other day, but that they were discontinued per the psychiatrist, [REDACTED] to evaluate for side effects. [REDACTED] recommended restarting the medications separately to evaluate for side effects

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #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, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain Section, Page(s): 60-61.

Decision rationale: The 9/20/13 report from [REDACTED] states the patient was taking Vistaril 25mg qhs, Relafen 500mg 2 qd; and Norco 5/325mg q other day, but that they were discontinued per the psychiatrist, [REDACTED] to evaluate for side effects. [REDACTED] recommended restarting the medications separately to evaluate for side effects. But the request was for all three medications. The psychiatrist report was not provided for IMR, it is not known what side effects were of concern. Prior reports suggest that Vistaril was used for sleep, but the patient's Epworth score remained in the 21/24 range. The California MTUS states: "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." There is no documentation of pain or functional benefits with Vistaril. The California MTUS does not recommend continuing treatment that does not produce satisfactory response. The request is not in accordance with MTUS guidelines.

Relafen 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines, May 2009..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Section Page(s): 67-68.

Decision rationale: The patient is reported to have CTR, CRPS and DJD of the hip. The California MTUS states NSAIDs for OA of the hip or knee: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." The Relafen was apparently restarted on 9/20/13. The request appears to be in accordance with MTUS guidelines.