MAXIMUS Federal Services

Case Number:	CM13-0055531		
Date Assigned:	12/30/2013	Date of Injury:	01/19/2013
Decision Date:	03/19/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 55 year old woman who was injured on 1/19/13. She was seen by her primary treating physician on 9/30/13 with worsening pain in her left hip and pelvis. She was taking Pamelor and Relafen at that point and complained of constipation. Her physical exam showed a slow gait with a limp and decreased stance phase on the left. She had painful range of motion of the left hip and tenderness in the pelvis posteriorly in the sacroiliac joints to posterior coccyx. X-rays showed healed fractures of the inferior and superior pelvic ramus and some displacement of the pubic symphysis and pelvic obliquity. She was diagnosed with status post fall - lumbar strain/sprain, pelvic rami and left sacral fractures per MRI of 1/13 and chronic pain syndrome. MRI of her left hip and pelvis were requested and she was to continue with cognitive behavioral therapy, acupuncture and home use of an electrical stimulator. She was to continue her medications and exercise was encouraged. The cognitive behavior therapist diagnosed her with chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg tab (trail) #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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Hydroxyzine: Drug information

Decision rationale: The MTUS does not comment on the use of Vistaril but does state that unremitting pain may be associated with depression and/or anxiety. Per Up-to-date, Hydroxyzine or Vistaril is used in the treatment of anxiety/agitation (including adjunctive therapy in alcoholism), as an adjunct to pre- and postoperative analgesia and anesthesia, as an antipruritic and as an antiemetic. The records diagnosed the worker with chronic pain syndrome but do not provide medical justification for the prescription of Vistaril.

Flector Patches (trail) 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Per the Chronic Pain Medical Treatment Chronic Pain Medical Treatment, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs (non-steroidal anti-inflammatory drugs) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. She is already taken an oral NSAID (Relafen). Regarding topical Diclofenac or Flector patch in this injured worker, the records do not provide clinical evidence to support medical necessity.