

Case Number:	CM13-0058821		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2007
Decision Date:	04/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert 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 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/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 58 year-old female sustained an injury on 1/5/07 while employed by the [REDACTED]. The request under consideration is Vistaril 50 mg #90. The current diagnosis include major depressive affective disorder. The previous conservative treatment has comprised of medications and psychotherapy. Medication history includes Effexor, Valium, Ambien, Tofranil, Fanapt, Ativan, Savella, and Ability. The report of 6/13/13 from the provider noted increasing pain. The medications listed are Effexor, Ambien, Valium, and Ability. She was not paranoid, denied suicidal and homicidal ideation; insight and judgement were fair; there were no auditory or visual hallucination without mood swing. The treatment included medications, psychotherapy, CBT, diet, and HEP. Multiple meds including Valium, Effexor, Ambien, and Abilify were refilled. The report of 11/12/13 noted she was prescribed Vistaril 50 mg #90 without any updated evaluation from the requesting provider since report of June 2013 describing or identifying any subjective complaints or objective findings. The Vistaril was non-certified on 11/21/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Vistaril 50mg: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 535-536.

Decision rationale: Vistaril (Hydroxyzine) belongs to a class of medications called antihistamine. Hydroxyzine may be used for the short-term sedative treatment of nervousness and tension that may occur with certain mental/mood disorders (e.g., anxiety, dementia) prior to and after surgery, or may act to enhance certain narcotic pain relievers (e.g., Barbituate-meperidine) during surgery. Its anti-histamine action may also be used for allergy symptoms of sneezing/runny nose, skin reactions such as hives or contact dermatitis. The submitted reports have not adequately identified any specific indication or objective findings to support the treatment with this medication. The request for Vistaril 50mg #90 is not medically necessary and appropriate.