

Case Number:	CM13-0062380		
Date Assigned:	12/30/2013	Date of Injury:	12/19/2002
Decision Date:	04/03/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/06/2013

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 56-year-old male with date of injury of 12/19/2002. The listed diagnoses per [REDACTED] dated 10/16/2013 are: (1) Status post right knee arthroscopic surgery x2, 2005 with partial medial meniscectomy, 2007. (2) Postoperative residuals and x-ray evidence of moderate medial compartment degenerative joint disease. (3) Status post cortisone injection to the knees, 05/01/2013, 08/13/2013. According to progress report dated 10/16/2013 by [REDACTED], the patient complains of bilateral knee pain. He states that there is continued pain/swelling/"pops out" with giving way and weight bearing intolerance. He is requiring the use of assistive devices. He states that he is unable to tolerate home exercise program and attempts to manage his condition by a cold application and bilateral knee bracing appliances. Secondary to chronic pain and limitations, he reports complaints of sleeping difficulties. He is currently taking Norco, Gabapentin, and Zanaflex. Objective findings show postoperative changes bilaterally and slight atrophy of vastus medialis oblique muscles bilaterally as prior. There is evidence of swelling and warmth bilaterally. Tenderness to palpation is present over the bilateral medial and lateral joint lines and prepatellar region. McMurray's test is painful bilaterally, ligamentous laxity of left knee Lachman's, and an anterior drawer without change. Range of motion is limited. The treater is requesting a prescription for Vistaril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: AETNA Guidelines, Hydroxyzine reduces activity in the central nervous system. It also acts as an antihistamine that reduces the natural chemical histamine in the body. Histamine can produce symptoms of sneezin

Decision rationale: This patient presents with chronic bilateral knee pain. The treater is requesting Vistaril. Utilization review dated 11/12/2013 denied the request stating that there is no specific DSM-IV diagnosis regarding anxiety with no active complaints or objective evaluation regarding this diagnosis. MTUS and ACOEM are silent with regards to this request, therefore, alternative guidelines have been used. AETNA states that "Vistaril also known as Hydroxyzine reduces activity in the central nervous system. It also acts as an antihistamine that reduces the natural chemical histamine in the body. It can also be used as a sedative to treat anxiety and tension. Hydroxyzine may also be used for nausea, vomiting, hives, contact dermatitis and is also used together with other medications given for anesthesia." Review of reports from 01/07/2013 to 12/02/2013 do not show that the patient has used this medication previously. It is unclear from the documentation why the doctor is prescribing Vistaril. There is no documentation of anxiety or other disorders that would require the use of Vistaril. Therefore the request Vistrail 50mg #60 is medically necessary.