

Case Number:	CM13-0071052		
Date Assigned:	01/08/2014	Date of Injury:	01/19/2013
Decision Date:	03/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 56-year-old female with a 1/19/13 date of injury. At the time of request for authorization for Vistaril 25mg #30; one (1) tablet by mouth at bedtime, there is documentation of subjective (low back and hip pain and insomnia secondary to pain) and objective (painful coccyx, tenderness in bilateral hips, and continued lent ankle discomfort) findings, current diagnoses (chronic pain syndrome and hip fracture), and treatment to date (acupuncture treatment and mediations (including Vistaril)). There is no documentation of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #30; one (1) tablet by mouth at bedtime: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain

Decision rationale: MTUS does not address this issue. ODG identifies documentation of anxiety, as criteria necessary to support the medical necessity of antihistamines. Within the

medical information available for review, there is documentation of diagnoses of chronic pain syndrome and hip fracture. However, there is no documentation of anxiety. Therefore, based on guidelines and a review of the evidence, the request for Vistaril 25mg #30; one (1) tablet by mouth at bedtime is not medically necessary.