

Case Number:	CM14-0104973		
Date Assigned:	07/30/2014	Date of Injury:	10/01/1998
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/07/2014

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, 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 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:

The patient is a 54-year old woman with an injury date of 10/01/98. The 05/20/14 progress report by [REDACTED] states the patient presents with a return of left foot pain. Examination reveals tenderness in the lower lumbar paravertebral musculature. Strength in the lower extremities is globally intact, and there is a positive sitting straight leg raise examination bilaterally. The patient's diagnoses include: 1. Status post anterior cervical discectomy and fusion, C4-5 (date unknown). 2. Herniated nucleus pulposus, C6-7, 2.5 mm left. 3. Possible cervical radiculopathy. 4. Status post left foot surgery (date unknown). 5. Chronic pain syndrome. 6. Multilevel herniated nucleus pulposus, lumbar spine, with degenerative spondylolisthesis at L4-5. 7. Rule out acute radiculopathy. 8. Psychological diagnosis. The 04/21/14 report states current medications as, Ativan, Topamax, Soma, Ability, Trazodone, Morphine Sulfate, Synthroid, and MS Contin. The utilization review being challenged is dated 06/05/14. Treatment reports from 01/03/14 to 05/20/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #240: 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) Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation hydroxyzine (vistaril).

Decision rationale: The patient presents with left foot pain. The physician requests for Vistaril (Hydroxyzine) 25mg #240. There are no reports that actually discuss this medication such as indication, duration of use or its effect. ODG guidelines discuss hydroxyzine (Vistaril) and state the following, "For weaning opiates: Adjunct medications for specific withdrawal symptoms include the following. Insomnia and restlessness: diphenhydramine 50 to 100 mg; trazodone 75 to 200 mg; hydroxyzine 25 to 50 mg." "For Anxiety in Chronic pain: Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below: f) Other medications that may be useful: Hydroxyzine (Atarax generic available). Therefore, Vistaril may be used for weaning opiates, insomnia and for anxiety. Given the lack of discussion from the physician, it is not known what this medication is being prescribed for. It is possible that it is used to help manage nausea side-effects from the opiate use, but there is no guidelines support for this. Vistaril 25mg #240 is not medically necessary.