

Case Number:	CM14-0111699		
Date Assigned:	08/01/2014	Date of Injury:	07/06/2009
Decision Date:	09/23/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Pain Management, 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 46 year old male with date of injury 7/6/09. The treating physician report dated 6/23/14 indicates that the patient presents with chronic pain affecting the lower back with radiation of pain into the bilateral lower extremities with associated insomnia. The pain is rated a 6/10 with medications and a 10/10 without medications. The physical examination findings reveal a well healed surgical spine affecting L3-S1. There are spasms noted in the lumbar paraspinal musculature with moderately limited ROM and decreased sensory sensitivity in both lower extremities. Lumbar MRI dated 6/6/12 reveals postoperative changes L3-S1. CT scan of lumbar spine dated 10/29/12 shows disc implants at L3/4, L4/5 and anterior fusion of L5/S1 with disc protrusion at L5/S1 and L3/4. Current medications prescribed: BuTrans Patch, Norco, Hydrocodone, Tizanidine, Viagra, Zolpidem, Gabapentin and Hydroxyzine Hcl. The current diagnoses are: Cervical radiculitis, Lumbar facet arthropathy, Status post fusion, Erectile dysfunction, Pruritis about abdominal incision and GI upset with NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCl 25 mg, one tablet PO at bedtime PRN #30 with one refill for chronic lumbar pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Goodman

and Gilman's the Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill 2006, Physician's Desk Reference, 68th ed, www.RxList.com, Epocrates Online - ww.online.epocrates.com, monthly prescribing reference, www.empr.com, opioid cose calculator, and AMDD Agency Medical Director's Group Dose Calculator.

MAXIMUS guideline: Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hydroxyzine (vistaril) Pain chapter.

Decision rationale: The patient presents with chronic pain affecting the lower back with radiation of pain into the bilateral lower extremities with associated insomnia. The current request is for Hydroxyzine HCl 25 mg, one tablet PO at bedtime PRN #30 with one refill for chronic lumbar pain. The treating physician has prescribed Hydroxyzine HCL since at least 3/3/14 with no documentation of the effectiveness of this medication. The MTUS guidelines do not address Hydroxyzine HCl and the ODG guidelines do not support it's usage for the treatment of chronic lumbar pain. ODG does recommend the usage of Hydroxyzine HCl during the weaning of opiates for treatment of withdrawal symptoms of insomnia and restlessness. In this case the treating physician has documented that the patient has failed previous attempts at weaning from opiates and the patient is still utilizing opiates on a daily basis. There is no documented plan for weaning this patient from opiates and no plan for the treatment of any side effects of opiate weaning. The recommendation is for denial of Hydroxyzine HCl.

