

<b>Case Number:</b>	CM14-0023697		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/02/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported an injury on 01/02/2001. The mechanism of injury was not provided for review. The injured worker's treatment history included medications, physical therapy, and cognitive behavioral therapy. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker's medications had not been authorized previously. The injured worker's medications included Norco 5/325 mg, Neurontin 600 mg, Vistaril 25 mg, and Tagamet 400 mg. The clinical documentation submitted for review does indicate that the injured worker has been on these medications since at least 01/2013. The injured worker was evaluated on 12/31/2013. It was documented that the injured worker's medications decreased pain levels by approximately 70%, allowing for the ability to work. It was documented that the injured worker had no side effects due to medication usage. The injured worker's diagnoses included chronic pain syndrome. A request was made for continued medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VISTARIL 25MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/vistaril-drug/indications-dosage.htm>.

**Decision rationale:** The requested Vistaril 25 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this medication. An online resource, Rxlist.com, the internet drug index, states that indications for this medication include anxiety and tension, topical dermatitis, and the need for sedation. The clinical documentation submitted for review does not clearly identify the use of this medication. The California Medical Treatment Utilization Schedule recommends that any medication used in the management of chronic pain be supported by documentation of functional benefit and evidence of symptoms response. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 01/2013. However, with no symptoms response or functional benefits specifically related to this medication, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Vistaril 25 mg #30 is not medically necessary or appropriate.

**TAGAMET 400MG #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 <http://www.rxlist.com/tagamet-drug/indications-dosage.htm>.

**Decision rationale:** The requested Tagamet 400 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address this medication. An online resource, Rxlist.com, an internet drug index site, indicates that the use of this medication is for treatment of, or related to, ulcers and/or gastroesophageal reflux disease. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 01/2013. However, an adequate assessment of the injured worker's gastrointestinal system was not provided within the most recent clinical documentation. Therefore, the ongoing need of this medication is not clearly justified within the documentation. Furthermore, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Tagamet 400 mg #60 is not medically necessary or appropriate.