

Case Number:	CM14-0048249		
Date Assigned:	07/02/2014	Date of Injury:	02/12/2010
Decision Date:	11/21/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/16/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 2/12/2010 involving her neck, low back, and right hand. She was diagnosed with lumbar pain, lumbar disc disease, carpal tunnel syndrome, cervical pain, and cervical disc disease. She was treated with medications, surgery (neck and back), physical therapy, and injections. On 3/25/14, the worker was seen by her treating physician complaining of her chronic neck pain, low back pain, and right hand pain, which was unchanged from previous visits. She reported no side effects from her medication use which included Demerol, Ativan, Zofran, Percocet, Vistaril, Premarin, Prevacid, Zocor, and Bentyl. Physical examination findings included antalgic gait, tenderness of the cervical area, decreased range of motion of the lumbar spine, tenderness of the lumbar muscles with tightness, and right hand diffuse swelling. She was reportedly completing physical therapy for her lower back at the time. Her meperidine had begun being tapered up to this date, but was not continued due to pain from her physical therapy sessions. She was recommended to continue her medications as previously prescribed.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Merek Manual Antihistamines, H blockers

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: Medscape: (<http://reference.medscape.com/drug/atarax-vistaril-hydroxyzine-343395>)

Decision rationale: The MTUS does not address Vistaril. Vistaril (Hydroxyzine) is an antihistamine which is used for the treatment of anxiety (not suggested beyond 4 months), pruritis, peroperative sedation, and nausea. In the case of this worker, there was no documented explanation connecting the worker's injury and her Vistaril use, and for which purpose she was using it. Therefore, the Vistaril is not medically necessary to continue as it relates to Workers' Compensation.

Demerol 50mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol) Page(s): 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine Page(s): 61.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that meperidine should not be used for chronic pain control. Other opioid medications are recommended to be considered before using meperidine. In the case of this worker, the Demerol was already begun to be tapered for the purpose of being discontinued, but this taper was halted due to the pain the worker was having related to her low back physical therapy. The taper should be continued, as the Demerol is not recommended and not medically necessary.

Percocet 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, she had used various opioids and was using Demerol at the time of the request for Percocet. Previous reports suggested that she had some allergy or at least some negative side effect from the use of Percocet in the past as

it was listed in her allergy list in previous records. No clarification was found in the records provided for review that might suggest this was an error. Therefore, without clarification, the Percocet cannot be recommended and is not medically necessary.

Ativan 1mg, #60: 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)- Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that Benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, she had used Ativan at night chronically, which is not a recommended use for this medication. Therefore, The request is not medically necessary and appropriate.