

Case Number:	CM14-0061837		
Date Assigned:	07/16/2014	Date of Injury:	12/01/2006
Decision Date:	09/09/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with a 12/1/06 date of injury. At the time (4/3/14) of the request for authorization for Percocet 10/325mg #60 and Vistaril pamoate 50mg, there is documentation of subjective (bilateral forearm pain, right shoulder has more pain, pain in her deltoid area, difficulty laying on her right side, more difficulty with movement and activities of daily living, she also complains of some pain going down her left anterior thigh) and objective (poor active shoulder range of motion, shoulder motor 4/5, biceps 4+, tenderness to palpation left shoulder in general, wrist motor 4-/5, tenderness to palpation bilateral forearms, tenderness to palpation bilateral forearms and elbow diffusely, decreased lumbar range of motion, lower extremity motor 4+/5, firm muscle knots, deep and focal palpation of the muscle knots elicited classic twitch response with slight radiation pattern consistent with trigger point radiation pattern) findings, current diagnoses (chronic pain syndrome, other tenosynovitis of hand and wrist, myalgia and myositis unspecified, pain in limb, disorders of bursae and tendons in shoulder region, lumbago, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified, insomnia unspecified, and long-term (current) use of other medications), and treatment to date (medication including ongoing use of Percocet and Vistaril). Regarding Percocet 10/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Percocet. Regarding Vistaril pamoate 50mg, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Hydroxyzine is indicated (anxiety and

tension; and as an adjunct in organic disease states in which anxiety is manifested; or pruritus due to allergic conditions (chronic urticaria and atopic and contact dermatoses, and histamine-mediated pruritus)); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Vistaril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 110/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation, Pain Procedure Summary last updated 3/18/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. In addition, there is documentation of ongoing use of Percocet. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing use of Percocet, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of Percocet. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10/325mg #60 is not medically necessary.

Vastaril Pamotate 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; TWC, Pain, last updated 3/18/14.

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 and (<http://www.drugs.com>).

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of anxiety, as criteria necessary to support the medical necessity of antihistamines. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Hydroxyzine is indicated (such as: anxiety and tension; and as an adjunct in organic disease states in which anxiety is manifested; or pruritus due to allergic conditions (such as chronic urticaria and atopic and contact dermatoses, and histamine-mediated pruritus)), as criteria necessary to support the medical necessity of Vistaril (hydroxyzine). Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. In addition, there is documentation of ongoing use of Vistaril. However, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Hydroxyzine is indicated (is manifested; or pruritus due to allergic conditions (as chronic urticaria and atopic and contact dermatoses, and histamine-mediated pruritus)). In addition, given documentation of ongoing use of Vistaril, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Vistaril. Therefore, based on guidelines and a review of the evidence, the request for Vistaril pamoate 50mg is not medically necessary.