

Case Number:	CM14-0063571		
Date Assigned:	09/03/2014	Date of Injury:	07/06/2009
Decision Date:	10/02/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 46 year old male with an injury date of 07/06/09. Based on 04/28/14 progress report provided by [REDACTED], patient presents with insomnia associated with ongoing low back pain. Pain is rated as 7/10 in intensity with medications and 10/10 without. Patient reports that the use of current, opioid pain, sleep aid medication is helpful. Time until pain relief is 30 minutes and each medication dose lasts for 2 to 3 hours. The least reported pain since last assessment was 5. Areas of functional improvement with medication include: Cleaning, Climbing stairs, sleeping in bed instead of chair, Tying shoes and Vacuuming. The Insomnia Severity Index (ISI) was administered 03/03/14. The patient had a total score of 28, which indicates severe clinical insomnia based on ISI. Diagnosis 04/28/14 Cervical Radiculitis, Lumbar Facet Arthropathy, Status Post Fusion Lumbar Spine, Iatrogenic Opioid Dependency, GI upset with NSAIDs. Per provider report dated 04/28/14, the patient has developed opiate tolerance due to long-term opiate use. Weaning of opioid medications has been unsuccessful. Pain symptoms have severely worsened with reduction of function/ activities of daily living due to medication weaning. Patient's current medication profile represents a careful titration/adjustment of opiates over many months. Provider attempted to maintain the lowest effective level of opiates. A review of the patient's records shows limited response to facet blocks and lumbar surgery. [REDACTED] is requesting Hydroxyzine 25mg #30. The utilization review determination being challenged is dated 05/05/14. The rationale is "from a pain management standpoint, the use of hydroxyzine will be considered redundant with Ambien, and from the pain management standpoint, non-pharmacologic modalities of sleep attainment are preferable to pharmacologic modalities." [REDACTED] is the requesting provider, and he has provided treatment reports from 01/16/14 - 04/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 25mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed. McGraw Hill 2006

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG guidelines on hydroxyzine (vistaril) 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. Headaches, muscle pain and bone pain: acetaminophen, aspirin, or ibuprofen. Abdominal cramps: dicyclomine. Diarrhea: Peptobismol. Methocarbamol

Decision rationale: Patient presents with insomnia associated with ongoing low back pain. The request is for Hydroxyzine 25mg #30. Per provider report dated 04/28/14, the patient has developed opiate tolerance due to long-term opiate use. Weaning of opioid medications has been unsuccessful. Patient's current medication profile represents a careful titration/adjustment of opiates over many months. Patient has been indicated to have severe clinical insomnia based on Insomnia Severity Index. Patient has shown functional improvement to his activities of daily living with use of medication, to include ability to sleeping in bed instead of chair. ODG guidelines on Hydroxyzine state that "it is an adjunct medication used for insomnia and restlessness when weaning opiates. Antihistamines like Hydroxyzine are used to treat anxiety, over the use of benzodiazepines, which have sedation effects and potential for abuse and psychological dependence." Per provider report dated 04/28/14, provider has been weaning patient from opioid medications for months. Patient presents with opioid tolerance, and Hydroxyzine has been used to his treat insomnia successfully, as patient can sleep in bed, as opposed to chair. Request follows ODG indication for use. Therefore this request is medically necessary.