

<b>Case Number:</b>	CM14-0074073		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Nevada. 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 records, presented for review, indicate that this 54-year-old female was reportedly injured on June 21, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 18, 2014, indicated that there were ongoing complaints of left knee, left elbow, left ankle, and right hip pains. There were episodes of left knee locking. The physical examination demonstrated an antalgic gait due to left knee pain and left knee swelling. There was tenderness at the medial and lateral aspects of the knee and crepitus with range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a left knee arthroscopic surgery. A request had been made for Tylenol #3 and Vistaril and was denied in the pre-authorization process on May 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol 3 #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

**Decision rationale:** Tylenol #3 is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Tylenol #3 is not medically necessary and appropriate.

**Vistaril 25mg #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) Pain (updated 04/10/2014); [http://www.wheelsonline.com/ortho/hydroxyzine\\_atarax\\_vistaril](http://www.wheelsonline.com/ortho/hydroxyzine_atarax_vistaril).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC / ODG Integrated Treatment/Disability Duration Guidelines; Mental Illness & Stress - Sedative Hypnotics (updated 6/12/14).

**Decision rationale:** Sleep aids such as Vistaril are not recommended for long-term use but recommended for short-term use. Usage should be limited to three weeks maximum in the first two months of injury only and discourage use in the chronic phase. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Considering this, the request for Vistaril is not medically necessary and appropriate.