

<b>Case Number:</b>	CM14-0085948		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/14/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, and is licensed to practice in Illinois. 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 65 year old female with a reported date of injury on 10/14/2007. The mechanism of injury was stress. Relevant diagnoses were reported as depressive disorder, generalized anxiety disorder, and primary insomnia. Past treatment included medication and individual psychiatric therapy. Diagnostic tests included EMG/NCS and MRI (unofficial) with the impression of multiple cervical spine disc bulges with foraminal stenosis, mild tendonosis of the shoulder muscles bilaterally. No pertinent surgical history was provided. The clinical note dated 03/28/2014 note the injured worker reported trazodone was 'not working at all' and she previously noted complaints of anxiety, stress at work, neck pain and not sleeping well were also documented in provided records. The clinician noted the injured worker was able to perform hygiene and grooming fairly, had a cooperative attitude, had an engaging and dysphoric mood, and affect was appropriate. The injured worker also had anxiety, no suicidal or homicidal ideation, and fair insight and judgment. The injured worker's medication regimen included Effexor XR 300mg QHS, Remeron 30 mg QHS, gabapentin 600 mg TID, and trazodone 50 mg QHS. The treatment plan was to stop trazodone and start Vistaril 25 mg TID. No rationale was indicated. The request for authorization form was submitted for review on 04/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Vistaril 25mg #90 DOS 3/28/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non Steroidal Anti -Inflammatory Drugs) Page(s): 22,67-68.

**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: Hydroxyzine, MedlinePlus, Online database.

**Decision rationale:** The injured worker complained of anxiety, stress at work, neck pain and not sleeping well and that trazodone was 'not working'. The clinician noted the injured worker's affect as appropriate and anxious. The physician recommended trazodone be discontinued and Vistaril be started. MedlinePlus notes Hydroxyzine is used to relieve the itching caused by allergies and to control the nausea and vomiting caused by various conditions, including motion sickness. It is also used for anxiety and to treat the symptoms of alcohol withdrawal. The patient has been diagnosed with anxiety; however, there is no documentation indicating the severity of the injured worker's anxiety. The requesting physician's rationale for the request is not indicated within the provided documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Vistaril 25 mg #90 DOS 03/2/2014 is not medically necessary.