

Case Number:	CM14-0183477		
Date Assigned:	12/16/2014	Date of Injury:	04/22/1998
Decision Date:	01/16/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 68 year old female with an injury date of 04/22/98. Based on the 07/15/14 progress report, the patient complains of neck pain and left shoulder pain. She rates her neck pain as a 7/10 and also has headaches, joint pain, and insomnia. The 09/02/14 report indicates that the patient has a decreased/painful flexion and bilateral rotation in the neck. She has positive hypertonicity diffusely. No additional positive exam findings were provided. The patient's diagnoses include the following: Rotator cuff syndrome Neck sprain/strain Chronic pain syndrome The utilization review determination being challenged is dated 10/14/14. Treatment reports were provided from 04/29/14- 09/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Vistaril 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c271f97f-040e-492b-9194-2c8b74675a95>)

Decision rationale: According to the 09/30/14 report, the patient presents with neck and left shoulder pain. The request is for 1 Prescription of Vistaril 25 mg #60. MTUS, ACOEM, and ODG guidelines are all silent on the use of Vistaril. The U.S. National Library of Medicine indicates Vistaril "for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. Useful in the management of pruritus due to allergic conditions such as chronic urticaria and atopic and contact dermatoses, and in histamine-mediated pruritus." In this case, the patient has been taking Vistaril as early as 05/27/14. The patient is diagnosed with rotator cuff syndrome, neck sprain/strain, and chronic pain syndrome. Review of the report does not show that the patient has "anxiety and tension associated with psychoneurosis" or other condition as discussed above. The treater does not discuss this medication. The requested Vistaril is not medically necessary.