

Case Number:	CM14-0193745		
Date Assigned:	12/01/2014	Date of Injury:	10/15/2010
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/19/2014

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, 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:

This patient is a 60 year old male with a date of injury of 10/15/10. Per the treating physician report of 9/16/14, the patient presents with continued low back pain radiating into the lower extremities. The patient is status post knee replacement with good results. A physical examination revealed well healed incisions at the bilaterally knees. The patient continues to utilize a one point can to assist in ambulation. Examination of the lumbar spine showed spasm, tenderness and guarding in the paravertebral musculature. There is decreased sensation in the bilateral S1 dermatome. The patient is working with restrictions. The listed diagnoses are: 1. Lumbosacral radiculopathy 2. Knee tendinitis/bursitis 3. Elbow tendinitis Medications were refilled and treatment plan is for follow-up in 8 weeks and continue physical therapy. The request is for Vistaril and Colace. The Utilization review denied the requests on 10/28/14. Progress reports 12/6/13 through 9/16/14 were provided for review, with some gaps in reports. There is no discussion regarding these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, anti-Histamine for insomnia

Decision rationale: This patient presents with continued low back pain radiating into the lower extremities. The current request is for Vistaril 25mg 1 bid #60. There is no discussion of this medication and the rationale for its use is not known. Vistaril is an antihistamine. The ODG guidelines state the following regarding anti-Histamine for insomnia: (4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. The ODG states that tolerance develops within a few days. It is not intended for a long-term use and the treating physician has made a recommendation for #60. In this case, there is no long term support for this medication and the physician does not indicate that it is for short term use. This request is not medically necessary.

Colace 100mg 1 twice a day #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

Decision rationale: This patient presents with continued low back pain radiating into the lower extremities. The current request is for Colace 100mg 1 twice a day. The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. Current medications are not provided in the medical reports provided for review. The Utilization review states that the patient has been utilizing Tylenol #3 on a long term basis but denied the request stating that there were no complaints of constipation. The MTUS allows for prophylactic use of medication for constipation when opiates are taken. This request is medically necessary.