

<b>Case Number:</b>	CM14-0201166		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/10/2006
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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 66 year old male with an injury date on 08/10/2006. Based on the 10/23/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical Disc Disorder w/Myelopathy (worse)2. Carpal Tunnel Syndrome Stable3. Chronic Pain Syndrome (worse)According to this report, the patient complains of "neck/wrist pain 3/10, constant, achy, worse w/ activity." The patient also presents with "depression, +muscle stiffness, +insomnia, +urinary hesitancy." Objective findings indicate hypertonicity of the bilateral superior trapezius muscle. The 09/11/2014 report indicates neck and wrist pain is a 4/10. Myospasm is noted in the bilateral superior trapezius muscle with decreased painful range of motion in all planes.Treatment to date includes 6 sessions of acupuncture with "improvement in pain." The treatment plan is "awaiting transfer of psychiatric tx to new provider. Patient's depression has significantly worsened since [REDACTED]. retired, awaiting auth for dental eval and urology eval, request for additional acupuncture, and request auth. for medications. Patient is "Permanent and Stationary."The utilization review denied the request for (1) Effexor #30, (2)Vistaril #30, and (3)Flector patch #60 on 11/03/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 05/06/2014 to 10/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Effexor 75mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** According to the 10/23/2014 report, this patient presents with "neck/wrist pain 3/10, constant, achy, worse w/ activity." The current request is for 30 Tablets of Effexor 75mg. This medication was first mentioned in the 06/27/2014 report; it is unknown exactly when the patient initially started taking this medication. For Effexor, the MTUS Guidelines states, "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." Based on the 10/23/2014 report, the treating physician states "Meds improve mood and sleep, increase activity tolerance, no side effects." On the 09/11/2014 report, the treating physician states "Meds improve mood, decrease anxiety, allow for increase in activity level, no side effects." In this case, the patient is prescribed Effexor probable depression and neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.

**30 Capsules of Vistaril 25mg:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence: Vistaril - FDA prescribing information, side effects and uses.

**Decision rationale:** According to the 10/23/2014 report, this patient presents with "neck/wrist pain 3/10, constant, achy, worse w/ activity." The current request is for 30 Capsules of Vistaril 25mg "for pain related anxiety and insomnia." This medication was first mentioned in the 06/06/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS, ACOEM, ODG, and Aetna Guidelines do not address Vistaril (Hydroxyzine); however, the FDA indicates that Vistaril is "for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested." The FDA further states "The effectiveness of hydroxyzine as an antianxiety agent for long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient." Based on the 10/23/2014 report, the treating physician states the patient is "taking Effexor 1 tab QD and Vistaril 1 tab QMS Meds improve mood and sleep, increase activity tolerance, no side effects." On the 09/11/2014 report, the treating physician states the patient is "taking Effexor 75mg 1 tab QD and Vistaril 25mg 1 tab QHS Meds improve mood, decrease anxiety, and allow for increase in activity level, no side effects." In this case, the patient is prescribed Vistaril "for pain related anxiety and insomnia" and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.

**60 Patches of Flector 1.3%: 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 Chapter, Flector patch (Diclofenac Epolamine)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

**Decision rationale:** According to the 10/23/2014 report, this patient presents with "neck/wrist pain 3/10, constant, achy, worse w/ activity." The current request is for 60 Patches of Flector 1.3%. Flector Patches contain diclofenac, a nonsteroidal anti-inflammatory drug (NSAID). The MTUS guidelines do not support the usage of Flector (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with neck pain for which topical NSAID is not indicated and the treating physician has not documented that the patient has arthritic pain affecting the wrist. The current request is not medically necessary.