

Case Number:	CM15-0109902		
Date Assigned:	06/16/2015	Date of Injury:	05/20/2003
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on July 20, 2003. The mechanism of injury was a slip and fall. The injured worker has been treated for back and right lower extremity complaints. The diagnoses have included lumbar degenerative disc disease, degenerative scoliosis, lumbar facet syndrome, sacroiliac joint dysfunction, lumbosacral strain, myofascial pain and chronic pain syndrome. Treatment to date has included medications, radiological studies, MRI, physical therapy, injections, topical analgesics, acupuncture treatments and a home exercise program. Current documentation dated May 15, 2015 notes that the injured worker reported constant low back pain rated a six out of ten on the visual analogue scale. The pain was characterized as achy and throbbing and improved with acupuncture treatments. Examination of the lumbar spine revealed tenderness to palpation, diffuse hypertonicity and a decreased and painful range of motion. The injured workers current medication regime was noted to decrease her pain, improve her sleep and allows for an increase in her activities of daily living. The treating physician's plan of care included a request for Vistaril 25 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Insomnia Treatment; Diphehydramine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment, pages 535-536.

Decision rationale: Vistaril (Hydroxyzine) belongs to a class of medications called antihistamine. Hydroxyzine may be used for the short-term sedative treatment of nervousness and tension that may occur with certain mental/mood disorders (e.g., anxiety, dementia) prior to and after surgery, or may act to enhance certain narcotic pain relievers (e.g., Barbituate-meperidine) during surgery, not demonstrated here. Its anti-histamine action may also be used for allergy symptoms of sneezing/runny nose, skin reactions such as hives or contact dermatitis. Submitted reports have not adequately identified any specific indication or objective findings to support the treatment with this medication or functional benefit from treatment previously rendered. The Vistaril 25 mg Qty 30 is not medically necessary and appropriate.