

<b>Case Number:</b>	CM15-0192458		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Emergency Medicine

### 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 58-year-old female who sustained an industrial injury on 3-12-2012. Diagnoses have included probable right knee lateral meniscal tear, chondromalacia. Documented treatment includes completion of a functional restoration program, unspecified amount of chiropractic visits; and, medication. On 9-1-2015 authorization was provided for a right knee arthroscopy, partial lateral and medial meniscectomy, chondroplasty, and removal of loose body, including pre-operative clearance, 12 sessions of post-operative physical therapy and Norco. The treating physician is requesting purchase of a cold therapy unit, which was modified to a seven-day rental on 9-3-2015. Additionally, there was a request for Vistaril 25 mg, #30. This was denied due to no documentation of rationale or past use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Vistaril 25mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Stress:

Diphenhydramine (Benadryl) and Other Medical Treatment Guidelines <http://www.pdr.net/drug-summary/Vistaril-hydroxyzine-pamoate-3067.2336>.

**Decision rationale:** Vistaril/Hydroxyzine is an antihistamine. As per Physician Desk Reference, this medication is used for sedation, itching and anxiety. There is no reference to this medication in MTUS guidelines. As per Official Disability Guidelines, diphenhydramine (similar class as Vistaril) is not recommended for long-term use and short-term use may lead to drowsiness. Provider has failed to document any issues with anxiety or itching. It is unclear why patient requires any oral sedatives, and in the amounts requested prior or after requested surgery. Not medically necessary.