

<b>Case Number:</b>	CM15-0206112		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 55 year old female sustained an industrial injury on 7-30-09. Documentation indicated that the injured worker was receiving ongoing treatment for anxiety and depression with therapy and psychiatric care with medication management. In a psychiatric progress note dated 6-15-15, the injured worker returned for a follow-up visit after a recent panic attack and depression. A short course of Xanax had been added to help her acute anxiety in addition to changing her anti-depressant from Viibryd to Brintellix and continuing Xanax. The injured worker was now "feeling somewhat better" but still having some episodes of "acute high anxiety" that was difficult to control. The physician recommended continuing counseling in addition to psychiatric care. In a psychiatric progress note dated 9-4-15, the physician noted that the injured worker had been experiencing panic attacks and bouts of depression with ongoing feelings of sadness and lack of motivation. The injured worker was working on modified duty. The treatment plan included increasing Brintellix dosage and continuing Xanax and Vistaril. In a psychiatric progress note dated 10-8-15, the injured worker reported that she continued to feel sad and lacked focus and motivation. The physician noted that her depression had been controlled with Brintellix but the injured worker thought that it was not really helping her and had stopped the medication. The injured worker denied any thoughts to harm self or others. The physician stated that the injured worker had no auditory or visual hallucinations and had fair judgment and insight. The injured worker had returned to work on modified duty. The treatment plan included changing Brintellix to Zoloft and continuing Xanax and Vistaril (since

5-28-15). On 10-19-15, Utilization Review modified a request for Xanax 1mg #60 to Xanax 1mg #45 and noncertified a request for Vistaril 50mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Vistaril 50mg Qty: 90.00:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0023966/>.

**Decision rationale:** The MTUS and ODG guidelines are silent on the use of hydroxyzine. Per the US National Library of Medicine, Hydroxyzine treats anxiety, nausea, vomiting, allergies, skin rash, hives, and itching, may also be used with anesthesia for medical procedures. Per the medical records submitted for review, it is noted that the injured worker was started on Vistaril 5/2015 for her acute anxiety. I respectfully disagree with the UR physician's assertion that the documentation does not establish the medical necessity of this request. As Xanax has been discontinued, Vistaril will be even more necessary. The request is medically necessary.

**Xanax 1mg Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication since at least 5/2015. As the treatment is not recommended for long term use, the request is not medically necessary.