

Case Number:	CM15-0206679		
Date Assigned:	10/23/2015	Date of Injury:	10/24/2007
Decision Date:	12/11/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	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

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 52 year old female who sustained an industrial injury on 10-24-07. The medical records indicate that the injured worker was being treated for radiculitis, lumbar, thoracic; post laminectomy syndrome; lumbar degenerative disc disease; low back pain; lumbosacral spondylosis; constipation, opioid induced; depression with anxiety; therapeutic drug monitor. She currently (9-10-15) complains of low back pain with radiation into bilateral thighs; mild midback pain; numbness and tingling of the legs. Her pain level without medication was 9 out of 10 the level with medication was not enumerated. She is able to perform her activities of daily living such as household chores, hygiene, power walk and to garden without discomfort since her transforaminal epidural steroid injections. Physical exam revealed tenderness to palpation of the lumbar spine, range of motion intact with low back pain on extension, flexion and lateral bending. Diagnostics include MRI of the lumbar spine (9-30-14) revealed postoperative changes, disc bulging; MRI of the lumbar spine (6-23-11) showing post-operative changes without any residuals. Treatments to date include status post XLIF (lumbar lateral interbody fusion) at L2-3 along with subsequent L4 to sacrum fusion; status post transforaminal epidural steroid injection with benefit to right leg symptoms; L3 and L4 transforaminal epidural steroid injection(4-3-15) with 60% improvement in the left leg pain; spinal cord stimulator trial times 2 and intradiscal electrothermal therapy; transcutaneous electrical nerve stimulator unit; medication: Cymbalta, MS Contin, Dilaudid, Limbrel for the arthritic component of her pain and finds it very helpful (9-10-15) and on since at least 4-23-15, Lyrica, hydroxyzine for nausea (she has not started this medication per 9-10-15 note and was using Zofran), Amitiza, baclofen,

Flector patches, ibuprofen, Senokot and prior use of Zofran and Relistor which caused cramping. The request for authorization was not present. On 9-22-15 Utilization Review non-certified the requests for hydroxyzine 25mg #30; Limbrel 500mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.pdr.net/drug-summary/hydroxyzine-hydrochloride-tablets?druglabelid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, under Insomnia treatment.

Decision rationale: The patient presents with chronic back pain. The request is for Hydroxyzine 25mg #30. The request for authorization form is not provided. The patient is status post XLIF at L2-3, 09/06/10, along with subsequent L4 to sacrum fusion. MRI of the lumbar spine, 09/30/14, shows postoperative changes present at L2-3 with disc spacer and L4-S1 were status post fusion; at L3-4 there is 5 mm right asymmetric bulging disc present with moderate bilateral facet arthropathy resulting in mild spinal stenosis and bilateral, right greater than left, neural foraminal narrowing. Patient's assessments include radiculitis, L/T; post-laminect synd-lumbar; degenerative disk disease, lumbar; low back pain; spondylosis, lumbosacral; herpes simplex of lips/mouth; constipation nos; depression with anxiety; therapeutic drug monitor. Physical examination of the lumbar spine reveals tenderness in the right lower paraspinal region, ROM intact with low back pain on extension, flexion and lateral bending. Prior interventions include recent right L3 and L4 TFESI #2 performed 04/03/15. She continues to report >60% improvement of her leg pain. Patient's medications include MS Contin, Dilaudid, Lyrica, Cymbalta, Baclofen, Limbrel, Flector Patch, Ibuprofen, Senokot, Ondansetron, and Amitiza. Per progress report dated 09/10/15, the patient is not working. ODG-TWC, Mental Illness & Stress Chapter, under Insomnia treatment topic states: "Sedating antihistamines (primarily over-the-counter medications): Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine [Benadryl, OTC in U.S.], promethazine [Phenergan, prescription in U.S., OTC in other countries]). Tolerance seems to develop within a few days. Sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012)" Per progress report dated 09/10/15, treater notes, "Start hydroxyzine capsule, pamoate 25 mg, 1 cap(s), orally, 1 po daily, 30 Rx Notes: The patient has not started use of hydroxyzine. She is encouraged to do. Traditionally she had been using Zofran for medication induced nausea." This appears to be the initial trial prescription for Hydroxyzine. However, review of provided medical records do not document any symptoms or diagnosis of insomnia. Additionally, ODG states that tolerance develops within a few days. There is no long term support for this medication by guidelines. And treater does not discuss or document the use of Hydroxyzine will be short term. Therefore, the request is not medically necessary.

Limbrel 500mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Limbrel (flavocoxid).

Decision rationale: The patient presents with chronic back pain. The request is for Limbrel 500mg #90. The request for authorization form is not provided. The patient is status post XLIF at L2-3, 09/06/10, along with subsequent L4 to sacrum fusion. MRI of the lumbar spine, 09/30/14, shows postoperative changes present at L2-3 with disc spacer and L4-S1 were status post fusion; at L3-4 there is 5 mm right asymmetric bulging disc present with moderate bilateral facet arthropathy resulting in mild spinal stenosis and bilateral, right greater than left, neural foraminal narrowing. Patient's assessments include radiculitis, L/T; post-laminect synd-lumbar; degenerative disk disease, lumbar; low back pain; spondylosis, lumbosacral; herpes simplex of lips/mouth; constipation nos; depression with anxiety; therapeutic drug monitor. Physical examination of the lumbar spine reveals tenderness in the right lower paraspinal region, ROM intact with low back pain on extension, flexion and lateral bending. Prior interventions include recent right L3 and L4 TFESI #2 performed 04/03/15. She continues to report >60% improvement of her leg pain. Patient's medications include MS Contin, Dilaudid, Lyrica, Cymbalta, Baclofen, Limbrel, Flector Patch, Ibuprofen, Senokot, Ondansetron, and Amitiza. Per progress report dated 09/10/15, the patient is not working. ODG-TWC, Pain (Chronic) Chapter under Limbrel (flavocoxid) states: "Not recommended based on additional evidence of adverse effects. (Panduranga, 2013) (ACP, 2012) (Reichenbach, 2012) It had been under study as an option for arthritis in patients at risk of adverse effects from NSAIDs. Limbrel is a botanical medical food, made from root and bark extracts from plants. It contains flavocoxid, a blend of two flavonoids (baicalin and catechins). It is thought to inhibit the conversion of arachidonic acid to both prostaglandins and leukotrienes." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Limbrel on 04/23/15. However, Limbrel is not recommended by guidelines, and the request to continue this medical food cannot be warranted given lack of support. Therefore, the request is not medically necessary.