

<b>Case Number:</b>	CM15-0026603		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	01/25/2000
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on January 25, 2000. The injured worker had reported shoulder and neck injuries. The diagnoses have included chronic neck pain secondary to cervical degenerative disc disease, chronic low back pain secondary to lumbosacral degenerative disc disease, cervical radiculopathy, chronic pain syndrome, posttraumatic stress disorder, bilateral upper mandibular joint dysfunction, anxiety and depression. Treatment to date has included pain medication, MRI's times two of the cervical spine, psychiatric evaluations and an oral surgery consultation. Current documentation dated January 20, 2015 notes that the injured worker continued to have neck and low back pain. Physical examination of the cervical and lumbar spine revealed tenderness to palpation over the paraspinal muscles. Sensation was intact. Range of motion of the cervical and lumbar spine was decreased. The documentation notes that the injured worker was able to function due to her current medication regime. On February 4, 2015 Utilization Review non-certified a request for Hydroxyzine 25 mg # 60 and Lunesta 3 mg # 30 and modified a request for Norco 10/325 mg # 150. The MTUS, Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines and Non- MTUS, ACOEM Guidelines, were cited. On February 12, 2015, the injured worker submitted an application for IMR for review Hydroxyzine 25 mg # 60, Lunesta 3 mg # 30 and Norco 10/325 mg # 150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): Criteria for use of opioids, page(s) 110-.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, she does have improved pain and functioning on her current dose of Norco. An appeals letter states the following: "with her pain medications she is able to function. She is able to do home chores, prepare meals, and do her grocery shopping." The physician has attempted to wean this patient's pain medication, but has not been successful with weaning past her current dosage. There is no evidence of aberrant behavior. Her dosage is significantly less than the maximum morphine equivalent recommendation of 120 mg's. There is also mention in the documentation of the patient possibly entering a functional restoration program. Likewise, this request for Norco is considered medically necessary as MTUS guidelines have been satisfied.

**Hydroxyzine 25mg #60:** Upheld

**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 Official Disability Guidelines. Pain chapter. Section on anxiety medications in chronic pain.

**Decision rationale:** MTUS guidelines are silent on the issue of Hydroxyzine. Therefore, the official disability guidelines were referenced. They state regarding Hydroxyzine, "Some other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some antiepilepsy drugs. (Specific Treatment: FDA approved indications are listed next to each specific drug. A note is made if a medication is used off label.) (Hoffman, 2008.)" Regarding this patient's case, she does have a diagnosis of anxiety, and it can only be assumed that this medication (Hydroxyzine) is being prescribed for this indication since the records do not state why it is being prescribed. A refill was requested for this medication on a 12/2014 visit. Medication lists prior to this date do not appear to mention Hydroxyzine at all. For this medication to be considered medically necessary more documentation needs to be provided regarding for what reason it is being prescribed, and if it is improving the patient's symptoms. As the documentation currently stands, this medication can not be considered medically necessary.

**Lunesta 3mg #30:** Upheld

**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 Official Disability Guidelines. Lunesta

**Decision rationale:** The California MTUS guidelines are silent regarding the issue of sleep aids. Therefore, the ODG was referenced. The ODG specifically states regarding Lunesta that this medication is not recommended for long term use. Likewise, utilization review has appropriately recommended this medication for weaning. Therefore, this request for Lunesta is not medically necessary.