

<b>Case Number:</b>	CM15-0210476		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 65 year old male injured worker suffered an industrial injury on 9-10-2009. The diagnoses included knee degenerative joint disease and chronic pain syndrome. On 10-5-2015 the provider reported back pain and bilateral knee pain rated 8 out of 10. The provider reported depression, anxiety, stress and insomnia. The provider noted the Vistaril improved sleep from 2 to 4 hours to 6 to 8 hours per night which allowed for increased daytime activity. Vistaril had been in use since at least 4-2015. The medical record did not included evidence of a sleep evaluation or counseling of sleep hygiene practices. Request for Authorization date was Utilization Review on 10-15-2015 determined non-certification for Vistaril 25mg 1-2 tablets every bedtime #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vistaril 25mg 1-2 tablets every bedtime #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Anxiety medications in chronic 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 Illness and Stress Chapter under Insomnia Treatment.

**Decision rationale:** The current request is for Vistaril 25mg 1-2 tablets every bedtime #60. Treatment history include Sleep evaluation, knee injections, physical therapy, injections, and medications. The patient is not working. ODG guidelines, Mental Illness and Stress Chapter under Insomnia Treatment Section has the following regarding anti-Histamine for insomnia: (4) Over-the-counter medications: Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision, orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, dizziness, grogginess and tiredness. Per report 10/05/15, the patient presents for a follow up for his bilateral knee degenerative joint disease and chronic pain syndrome. The patient also suffers from depression, anxiety, stress and insomnia. The provider states that Vistaril improved the patients sleep from 2-4 hours to 6-8 hours per night, which allowed for increased daytime activity. With regard to medication in this class, ODG states that tolerance develops within a few days. Vistaril had been prescribed since at least 02/04/15 for this patient's sleep disturbances. In this case, the request for additional tablets, in addition to prior use, does not indicate intended short term use of this medication. There is no long term support for this medication. Therefore, the request is not medically necessary.