

<b>Case Number:</b>	CM15-0211396		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	08/29/1997
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 61 year old female who sustained an industrial injury August 29, 1997. According to a psychiatric physician's progress report dated October 1, 2015, the injured worker presented for a follow-up visit for anxiety and depression. Current medications are Nuvigil, Xanax, Wellbutrin 150mg BID, and Ambien. Wellbutrin was at 50mg BID on August 27, 2015 from 200mg daily on July 16, 2015. He states on August 27th, 2015 that it was increased to 150mg twice a day and she feels better. According to the physician, the injured worker was notified that Xanax will no longer be approved and she has had increased panic attacks. She is presently in cognitive behavioral therapy. Objective findings included; denies harm to self or others; no auditory or visual hallucinations; judgment and insight fair. Diagnosis is documented as major depressive disorder. She was given a prescription for Xanax and Vistaril was added to curb her anxiety. At issue, is the request for authorization dated October 12, 2015 for Vistaril. According to utilization review dated October 19, 2015, the request for Vistaril 25mg #90 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vistaril 25mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication and Other Medical Treatment Guidelines [www.drugs.com](http://www.drugs.com) [www.accessdata.fda.gov](http://www.accessdata.fda.gov).

**Decision rationale:** Regarding the request for Vistaril, California MTUS guidelines and ODG do not contain criteria for the use of this medication. California MTUS states a more appropriate treatment for anxiety disorder is an antidepressant. SSRIs or SNRIs are typically first line agents in GAD. ODG notes that 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. Drugs.com indicates that Vistaril is an anti-anxiety medication and the FDA states the medicine has not been studied for long term use (greater than 4 months). Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the xanax and no rationale for not maximizing the Wellbutrin or using an SSRI/SNRI as recommended by guidelines. As such, there is no clear indication for use of this medication. In the absence of clarity regarding these issues, the currently requested Vistaril 25mg #90 is not medically necessary.