

Case Number:	CM15-0214243		
Date Assigned:	11/04/2015	Date of Injury:	06/11/2014
Decision Date:	12/24/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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 60 year old male, who sustained an industrial injury on 06-11-2014. He has reported injury to the left shoulder, arm, and hand, and the right hand. The diagnoses have included laceration of left forearm; left forearm radial neuroma; status post resection of left radial neuroma and nerve repair with nerve tube, on 08-13-2014; radial neuritis; left shoulder impingement; left shoulder adhesive capsulitis cervico-brachial syndrome; and chronic pain syndrome. Treatment to date has included medications, diagnostics, bracing, cognitive behavioral therapy, occupational therapy, and surgical intervention. Medications have included Norco, Lyrica, Neurontin, and Horizant. A progress report from the treating physician, dated 09-29-2015, documented an evaluation with the injured worker. The injured worker reported complaints in the left arm, hand, shoulder, and right hand; the left hand pain is described as achy, burning, throbbing, shooting, and numbness; the severity of pain is rated at 10 out of 10 in intensity; the pain is constant; the pain is worse with use of the hand, and improves with medication use; he is currently taking Norco and Horizant; current pain is rated at 10 out of 10 in intensity; pain is rated at 9 out of 10 in intensity after taking medications; and the pain relief lasts for 1-2 hours. Objective findings included tenderness to palpation of the left wrist diffusely; and he is wearing a left wrist garment. The treatment plan has included the request for Vistaril 25mg #30. The original utilization review, dated 10-20-2015, non-certified the request for Vistaril 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #30: 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), 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 & Stress Chapter, under Insomnia treatment.

Decision rationale: The patient presents with pain complaints in the left arm, hand, shoulder and right hand. The request is for VISTARIL 25MG #30. The request for authorization form is illegible. Patient's diagnoses include mononeuritis unspecified; cervicobrachial syndrome; chronic pain syndrome. Physical examination reveals patient wearing left wrist garment. Tenderness to palpation to left wrist diffusely. Patient is attending CBT treatment. Patient's medications include Norco, Horizant, Lipitor and Amlodipine. The patient's work status is not provided. ODG Guidelines, 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) Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Vistaril. However, treater does not discuss or 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 Vistaril will be short term. Therefore, the request IS NOT medically necessary.