MAXIMUS Federal Services

Case Number:	CM15-0051104		
Date Assigned:	04/21/2015	Date of Injury:	02/20/1998
Decision Date:	05/19/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: 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 2/20/98. She reported initial complaints of bilateral wrist and back pain. The injured worker was diagnosed as having thoracic/lumbosacral neuritis/radiculitis unspec; insomnia unspecified; lumbosacral spondylosis without myelopathy; postlaminectomy syndrome lumbar region. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 2/27/15 indicate the injured worker complains of low back pain documenting this was sudden onset of pain described as shooting and throbbing. The pain radiates to the bilateral hips. She describes her pain as 4/10 on a scale of 0/10. The pain is made worse by lying flat, sitting long periods of time and walking. The pain gets better by applying cold, massage and taking medications and resting. The provider requested a spinal cord stimulator and this was implanted per submitted operative note dated 3/17/15. The provider's treatment plan included Vistaril 25mg #60, Lorzone 750mg #30 that were denied at Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.medicinenet.com/hydroxyzine/article.htm.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain/Chronic Section: Antiemetics for Opioid Induced Nausea.

Decision rationale: The MTUS guidelines do not comment on the use of Vistaril as an anti-emetic. Vistaril (also known as hydroxyzine) is an antihistamine that may also be used as an anti-emetic. The Official Disability Guidelines do comment on the use of anti-emetics for patients with chronic pain; including opioid-induced nausea. These guidelines state that anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. In this case, there is insufficient documentation to indicate the rationale for the use of Vistaril. There is insufficient documentation that the patient has undergone an assessment for the cause of chronic nausea. Further, the Official Disability Guidelines do not support the long- term use of an anti-emetic such as Vistaril. For these reasons, Vistaril is not considered as a medically necessary treatment.

Lorzone 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Lorzone (chlorzoxazone), as a treatment modality. These guidelines state that muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Chlorzoxazone works primarily in the spinal cord and the subcortical areas of the brain. The mechanism of action is unknown but the effect is thought to be due to general depression of the central nervous system.In this case, the medical records indicate that Lorzone is being used as a long-term treatment strategy for this patient's chronic pain syndrome. Long-term use is not recommended per the above-cited guidelines. There is insufficient evidence provided

in the medical records to support the efficacy of this drug in treating the patient's chronic pain. For these reasons, Lorzone is not considered as a medically necessary treatment.