

Case Number:	CM15-0055747		
Date Assigned:	04/01/2015	Date of Injury:	10/05/1994
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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: Internal 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:

This 49 year old male sustained an industrial injury on 10/6/94. He subsequently reported low back pain as well as developing psychiatric issues. Diagnoses include postlaminectomy syndrome lumbar region, lumbosacral spondylosis and lumbago. Diagnostic testing has included x-rays and MRIs. Treatments to date have included injections, chiropractic care, TENS therapy, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the left lower extremity. A request for 2 Vistaril 25mg as needed for sleep, #60 with 3 refills and Prozac medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Vistaril 25mg as needed for sleep, #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and

Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Insomnia treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Vistaril (Hydroxyzine) for insomnia treatment. Official Disability Guidelines (ODG) guidelines state that over-the-counter 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. Regarding insomnia treatment, after a few weeks, the recommendation is to discontinue the medication. Patients do better in the long term if medication is stopped after 6 weeks. Medical records document the long-term use of Vistaril (Hydroxyzine). Vistaril (Hydroxyzine) 25 mg as needed for sleep #60 with 3 refills was requested. ODG guidelines do not support the use of antihistamines such as Vistaril (Hydroxyzine) for insomnia treatment. The use of Vistaril (Hydroxyzine) is not supported by ODG guidelines. Therefore, the request for Vistaril (Hydroxyzine) is not medically necessary.

Prozac 40mg per day, #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website [drugs.com](http://www.drugs.com) and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Prozac (Fluoxetine) <http://www.drugs.com/pro/prozac-capsules.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information states that Prozac (Fluoxetine) is indicated for the treatment of major depressive disorder. Medical records document the diagnosis of depressive disorder, chronic low back pain, radicular pain, status post two spine surgeries. MTUS indicate that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Medical records document the diagnosis of depression, which is an FDA indication for Prozac (Fluoxetine). MTUS and FDA guidelines support the prescription of

Prozac. The request for Prozac is supported by MTUS and FDA guidelines. Therefore, the request for Prozac is medically necessary.