

Case Number:	CM15-0061430		
Date Assigned:	04/07/2015	Date of Injury:	05/28/2000
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 74 year old (DOB 5/12/1940) female who sustained a work related injury on May 28, 2000. According to the physician's periodic office visit notes, dated January 21, 2015, the injured worker presented with complaints of a lower backache, rated 4/10 with medication and 9/10 without medication. Diagnoses are spinal/lumbar degenerative disc disease; lumbar radiculopathy; mood disorder. Treatment plan included instruction on healthy diet and home exercise program. The treating provider plans to continue to monitor relief from epidural steroid injections on July, 2014, and requests for authorization of Hydroxyzine Hcl and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine Hcl 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com website, Hydroxyzine, Indications.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

FDAhttp://www.accessdata.fda.gov/drugsatfda_docs/label/2014/011459s048,011795s0251bl.pdf.

Decision rationale: The MTUS guidelines do not make recommendations regarding use of hydroxyzine. The FDA website provides information on hydroxyzine and its indications for use. The drug is useful in sedation and cases of anxiety, however, the FDA also states, The effectiveness of hydroxyzine as an anti-anxiety agent for long-term use, that is, more than 4 months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient. In this case, a recent note (April 2015) states that due to utilization review denying hydroxyzine, the patient will begin treatment with Benadryl. It is reasonable to reassess the patient after treatment with Benadryl for evidence of clinical improvement, and therefore at this time the request for hydroxyzine is not considered medically necessary. Should indications be clarified at follow up and Benadryl found less effective than prior use of hydroxyzine, reconsideration of the request is reasonable.

Ambien 10mg #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: Zolpidem, Ambien CR; Infomnia.

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

Decision rationale: According to the ODG guidelines, Ambien is indicated for short-term treatment (two to six weeks) of insomnia and is not considered appropriate in for long-term sleep concerns. There are other medications and non-pharmacologic modalities that should be considered as long-term treatments for insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Other modalities for sleep improvement should be considered, along with possible other medications that are more appropriate for long-term treatment. The provided documents indicated that the patient is reporting poor sleep even with use of the medication, making a plan to wean appropriate given the apparent lack of efficacy. Based on the provided documents and lack of improved sleep on the medication, request for further long-term treatment with Ambien cannot be considered medically necessary based on the provided documents.