

Case Number:	CM15-0080118		
Date Assigned:	05/01/2015	Date of Injury:	09/16/2008
Decision Date:	06/30/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/27/2015

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

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 62 year old female, who sustained an industrial injury on September 16, 2008. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included limb pain, back pain, lumbar or thoracic radiculopathy, insomnia, anxiety and depression. Treatment to date has included medications, radiological studies, H-Wave unit, psychological support and a lumbar laminectomy. Current documentation dated March 25, 2015 notes that the injured worker reported ongoing constant left-sided low back pain with radiation to the left lower extremity to the ankle. The injured worker also noted left buttock pain extending to the left groin. The pain was rated a seven out of ten on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation along the left sacroiliac joint and a restricted range of motion. Medications included Vistaril 25 mg, which the injured worker was noted to be taking for anxiety and sleep. The treating physician's plan of care included a request for Vistaril 25 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment, pages 535-536.

Decision rationale: Vistaril (Hydroxyzine) belongs to a class of medications called antihistamine. Hydroxyzine may be used for the short-term sedative treatment of nervousness and tension that may occur with certain mental/mood disorders (e.g., anxiety, dementia) prior to and after surgery, or may act to enhance certain narcotic pain relievers (e.g., Barbituate-meperidine) during surgery, not demonstrated here. Its anti-histamine action may also be used for allergy symptoms of sneezing/runny nose, skin reactions such as hives or contact dermatitis. Submitted reports have not adequately identified any specific indication or objective findings to support the treatment with this medication or functional benefit from treatment previously rendered. The Vistaril 25 MG #60 is not medically necessary and appropriate.