

Case Number:	CM14-0182079		
Date Assigned:	11/06/2014	Date of Injury:	06/13/2012
Decision Date:	12/15/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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. The expert reviewer is Board Certified in Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 63-year-old female with a 6/13/12 date of injury. The mechanism of injury occurred when she tripped and fell, fracturing her left upper arm. According to a progress report dated 10/2/14, she complained of left sided pain of the neck, arm, and low back with loss of motion and left upper extremity use. She had abdominal pain, cramps, and constipation from medication use. According to a psychology report dated 9/11/14, the patient had a diagnosis of major depressive disorder. Objective findings: severe decreased range of motion of left shoulder, hypersensitive left upper extremities. Diagnostic impression: status post left shoulder arthroscopy, adhesive capsulitis, status post left humerus fracture, right upper sprain/strain, pain syndrome with psyche factors. Treatment to date: medication management, activity modification, chiropractic treatment, surgery, physical therapy, cognitive behavioral therapy. A UR decision dated 10/23/14 denied the requests for Relafen and Vistaril. Relafen is indicated for relief of signs and symptoms of osteoarthritis and rheumatoid arthritis and is not supported in this case. Regarding Vistaril, this is requested for pain-related anxiety and insomnia. However, there was no description of these symptoms beyond their mention.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Relafen 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the medical records provided for review, there is no documentation of significant pain relief or functional gains from the patient's use of Relafen. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. In addition, she had abdominal pain, cramps, and constipation from medication use. There is no documentation that the provider has addressed this issue with the patient. Therefore, the request for 60 Tablets of Relafen 500mg is not medically necessary.

90 Caplets of Vistaril 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Online Edition, Chapter Pain (Chronic) ; Anxiety medications in chronic pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Vistaril)

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Vistaril is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested; and is useful in the management of pruritus due to allergic conditions such as chronic urticaria and atopic and contact dermatoses, and in histamine-mediated pruritus. The effectiveness of hydroxyzine as an antianxiety agent for long term use, that is more than 4 months, has not been assessed by systematic clinical studies. However, in the present case, it is unclear how long this patient has been taking Vistaril. There is no documentation as to why Vistaril has been prescribed to this patient. In addition, there is no documentation of subjective or objective functional improvement as a result of the patient's use of this medication. Therefore, the request for 90 Caplets of Vistaril 25mg is not medically necessary.