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| Case Number: | CM14-0184726 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 05/18/2002 |
| Decision Date: | 12/19/2014 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/06/2014 |

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 Family Medicine and is licensed to practice in California. 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 68-year-old female patient who reported an industrial injury on 5/18/1962, over 52 years ago, attributed to the performance of his usual and customary job tasks. The patient complained of ongoing and persistent lower back pain, right knee pain, and bilateral hand pain. The patient is documented to have the diagnosis of depression. The patient is noted to be prescribed Percocet 10/325 mg b.i.d.; Cymbalta 60 mg Q day; Zyprexa 5 mg Q day; and tizanidine 2 mg QHS. The patient is reported to be anxious, irritable, and despondent. The objective findings on examination included no acute distress; antalgic gait; difficulty walking on toes and heels; limited range of motion to the lumbar spine; hands are mildly swollen; decreased range of motion to the bilateral wrists. The diagnoses included chronic low back pain; chronic right knee pain; chronic bilateral hand pain; depression; anxiety; and chronic pain syndrome. The treatment plan included six (6) sessions of CBT; Brintellix 10 mg #30; Vistaril 25 mg #90; and Abilify 5 mg #30. The patient was recommended to see an orthopedic specialist and be provided with an interpreter and transportation to all office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: General disciplinary guidelines for the practice of medicine Official Disability Guidelines (ODG) pain chapter-medications for subacute and chronic pain

Decision rationale: The patient was prescribed Hydroxyzine (Vistaril) 25 mg #90 for anxiety. The prescription for Hydroxyzine was not demonstrated to be medically necessary for the treatment of the effects of the industrial injury. There was no rationale to support the medical necessity of the prescribed Vistaril for the effects of the industrial injury over 52 years ago. The patient is on multiple medications for the effects of the industrial injury and there is no demonstrated medical necessity for the prescribed Vistaril 25 mg #90. Vistaril (hydroxyzine) is an antihistamine with anticholinergic (drying) and sedative properties indicated for the relief of nasal and non-nasal symptoms of various allergic conditions, such as, seasonal allergic rhinitis. The medication is also used as an aid for insomnia and to induce sedation prior to certain uncomfortable diagnostic or therapeutic procedures. The patient does not have the diagnoses appropriate for hydroxyzine. There is no demonstrated medical necessity for Vistaril for the effects of the industrial injury or for medication side effects. The prescription for Vistaril is being used off label for a relief of anxiety or as there is no demonstrated medical necessity for the prescription versus the available OTC antihistamine medications. There is no demonstrated medical necessity for the prescribed Vistaril 25 mg #90 for the effects of the industrial injury.