

Case Number:	CM15-0126451		
Date Assigned:	07/13/2015	Date of Injury:	02/26/1999
Decision Date:	08/12/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, New York, California
 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 applicant is a represented 65-year-old who has filed a claim for chronic low back, knee, and hip pain reportedly associated with an industrial contusion injury of February 26, 1999. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for Vistaril. The claims administrator referenced an RFA form received on June 17, 2015 in its determination, along with various appeal letters and progress notes. The applicant's attorney subsequently appealed. On July 17, 2015, the applicant reported ongoing complaints of knee, hip, and leg pain. The applicant was using a walker at home, it was stated. The applicant had undergone a gastric bypass, it was reported. The applicant's medication list included topical diclofenac, topical ketamine, topical doxepin, various dietary supplements, vitamins, Ambien, Zofran, BuTrans, Temovate cream, Vistaril, Pamelor, Lasix, Flonase, Symbicort, Dilantin, and Lipitor, it was reported. It was not clear when the applicant's medication list was last updated. The applicant was described as morbidly obese with issues with severe lymphedema. The applicant's height and weight were not stated, however. Buprenorphine was endorsed. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. It was not clearly stated for what issue, diagnosis, and/or purpose Vistaril was being employed on this date. On May 21, 2015, it was again acknowledged that the applicant was using various medications, including Vistaril. Once again, it was not clearly stated for what issue, diagnosis, and/or purpose Vistaril was being employed. In an appeal letter dated July 21, 2015, the attending provider posited that the applicant was using Vistaril for chronic pain-induced anxiety and depression. It was stated that the applicant was tolerating Vistaril well without side effects. The attending provider did not state how frequently the applicant was using Vistaril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Vistaril (hydroxyzine), an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Vistaril may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the attending provider and/or applicant were seemingly intent on employing Vistaril for chronic, long-term, and/or daily-use purposes, for anxiolytic effect. The attending provider reported on June 8, 2015 that the applicant was using Vistaril at a rate of once or twice daily. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. However, the attending provider did not establish a clear or compelling case for concurrent usage of so many different potentially sedating medications, including Ambien, Vistaril, and Pamelor. Continued usage of Vistaril, thus, ran counter to principles articulated both on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 402 of the ACOEM Practice Guidelines. Therefore, the request was not medically necessary.