

<b>Case Number:</b>	CM15-0127829		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	08/08/2003
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old female, who sustained an industrial injury on 8/08/2003. She reported stacked boxes striking her on the left side of her neck and low back. The injured worker was diagnosed as having cervical spine degenerative disc disease, status post multiple cervical surgeries-chronic and worse, lumbar strain-sprain and left radiculopathy-chronic and worse, lumbar degenerative disc disease-chronic and worse, and chronic pain syndrome-worse. Treatment to date has included diagnostics, cervical spinal surgeries, epidural steroid injections, and medications. Urine toxicology (1/2015) was consistent with prescribed medications. A progress report (2/23/2015) noted the use of Tramadol and Norco, with Norco being discontinued due to stomach upset. Currently (5/26/2015), the injured worker complains of pain in her low back, left shoulder, and neck, rated 7/10. Average pain was rated 9/10 and least pain was rated 6/10. A review of symptoms was positive for numbness, dizziness, joint pain, muscle weakness, stress, and anxiety. Current medications were noted as Vistaril, Neurontin (stopped due to side effects, including itching), Norco, and Tramadol. It was documented that medications decreased pain by 50%, improved activity tolerance, and improved sleep. No side effects were noted. The progress note (4/23/2015) noted a trial of Vistaril for pain related anxiety and insomnia, and the use of Norco again since at least this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vistaril 25mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/vistarilhtml1>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Sleep Medication, Insomnia treatment and Other Medical Treatment Guidelines [www.drugs.com](http://www.drugs.com).

**Decision rationale:** Regarding the request for Vistaril, California MTUS guidelines and ODG do not contain criteria for the use of this medication. California MTUS states a more appropriate treatment for anxiety disorder is an antidepressant. ODG notes that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Drugs.com indicates that Vistaril is an anti-anxiety medication and the FDA states the medicine has not been studied for long term use (greater than 4 months). Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the FDA stating no such evidence exists. In addition, here is no description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. In the absence of clarity regarding these issues, the currently requested Vistaril is not medically necessary.

**Tramadol 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.