

Case Number:	CM15-0173401		
Date Assigned:	09/15/2015	Date of Injury:	07/01/2002
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/02/2015

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

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 injured worker is a 64 year old male who sustained an industrial injury on 07-01-2002. The IW was diagnosed as having sprain-strain shoulder, Sprain of wrist, Degenerative lumbar, and Lumbar sprain-strain. Treatment to date has included right shoulder surgery 12-31-2003, low back surgery 08-05-2003, and three separate low back surgeries 04-2005, 05-2005, and 06-2005. He has also been treated with epidural injections, facet injections, cortisone injections and injections of Toradol. He has participated in a functional rehabilitation program. In the provider notes of 07-17-2015, the worker complained of constant low back, right shoulder, right wrist, and right knee pain described as shooting, throbbing, and shooting tingling, deep that was a severity of 8 on a scale of 10. Activity makes the pain worse. He is taking Prilosec that reduces stomach upset, Neurontin reduces numbness in legs, Anaprox that reduces pain and increases activity tolerance, and Lidoderm patches that reduce pain and improve activity. On exam, he had stiffness and muscle weakness, numbness, headaches, depression, anxiety, stress and insomnia. He had decreased painful range of motion in the lumbar spine. No measurements of range of motion are given. The treatment plan includes a trial of Vistaril 25 mg for pain related insomnia and anxiety. A request for authorization was submitted for Vistaril 25mg quantity 30 between 07-22-2015 and 10-11-2015. A utilization review decision 08-14-2015 recommended the prescription for Vistaril be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg quantity 30: 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 Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section and Other Medical Treatment Guidelines
<http://www.medicinenet.com/hydroxyzine>.

Decision rationale: The MTUS Guidelines do not address the use of Hydroxyzine (Vistaril). Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Per manufacturer's information Hydroxyzine is indicated for the symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. Also useful in the management of histamine mediated pruritis from allergic conditions such as chronic urticaria, atopic and contact dermatoses. In addition, Hydroxyzine is useful as a sedative when used as premedication and following general anesthesia. The patient's medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate the use of non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Vistaril 25mg quantity 30 is determined to not be medically necessary.