

Case Number:	CM15-0174393		
Date Assigned:	09/16/2015	Date of Injury:	09/13/2010
Decision Date:	10/28/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 56 year old male who sustained an industrial injury on 9-13-10. The injured worker reported low back pain with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar sprain strain, chronic low back pain syndrome, post-laminectomy syndrome lumbar and status post placement of spinal cord stimulator ineffective. Medical records dated 8-6-15 indicates pain rated at 5 out of 10, average pain was 4 out of 10. Provider documentation dated 8-6-15 noted the work status as permanent and stationary. Treatment has included status post placement of spinal cord stimulator, acupuncture treatment, cognitive behavioral therapy, lumbar spine computed tomography (6-7-13), physical therapy, Trazodone since at least April of 2015, Cymbalta since at least April of 2015, Dilaudid since at least April of 2015, Ambien since at least April of 2015, Tramadol since at least April of 2015, Baclofen since at least April of 2015 and MS Contin. Objective findings dated 8-6-15 were notable for painful and decreased range of motion in the lumbar spine. The treating physician indicates that urine drug testing was performed 3-12-14 and 9-19-14. The original utilization review (8-21-15) denied a request for Vistaril 25 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #60: Overturned

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) FDA.gov- Vistaril.

Decision rationale: FDA states that Vistaril/Atarax 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. The effectiveness of hydroxyzine as an anti-anxiety agent for long-term use, that is more than 4 months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient. The injured worker is being prescribed Vistaril for anxiety and insomnia related to chronic pain per the progress report dated 5/6/2015. Per guidelines, Vistaril is indicated for symptomatic relief of anxiety and tension, however it is not indicated for long term use. The request for Vistaril 25mg #60 is medically necessary at this time for the symptoms of anxiety and insomnia secondary to chronic pain due to the industrial trauma.