

Case Number:	CM15-0174957		
Date Assigned:	09/16/2015	Date of Injury:	07/29/2011
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
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:

This is a 49-year-old male worker who was injured on 7-29-2011. The medical records indicated the injured worker (IW) was treated for shoulder degenerative joint disease; cervical spondylosis; other affections of shoulder region, not elsewhere classified; spasm, muscle; lumbosacral sprain and strain; and lumbosacral spondylosis without myelopathy. The progress notes (8-5-15) indicated the IW had increased shoulder pain. A suprascapular block in October of 2014 provided 80% pain relief for two to three months and allowed him to decrease his medications. Repeat injection had been denied. He was working full time and was requesting increased opioid medications to manage his pain. He was depressed and considering quitting his job. On physical examination (8-5-15) there was tenderness in the bilateral cervical paraspinal muscles and at the thoracic facet joint lines. Trigger points were present in the muscles of the head and neck and in the thoracic and lumbar paraspinals. Cervical extension, as well as left and right lateral rotation, was painful. Bilateral lumbar facet pain was present with palpation at L3 through S1. Lumbar range of motion was full but painful in all directions. Sensation, motor strength and reflexes were grossly normal. Treatments included a suprascapular block; facet blocks which decreased his pain by 80% for one month; and medications (Amitriptyline, Ultram and Vistaril). Vistaril was prescribed since at least 4-23-15. A Request for Authorization was received for retrospective review for Vistaril 25mg, #200 (one at bedtime) for date of service 8-5-15. The Utilization Review on 8-14-15 non-certified the request for Vistaril 25mg, #200 (one at bedtime) for date of service 8-5-15; chronic use is not appropriate. Treatment of chronic anxiety by antidepressants, which the IW was being prescribed, is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vistaril 25mg q hs qty: 200 (DOS 08/05/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 07/15/15) Online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov-Atarax/Vistaril.

Decision rationale: FDA states that: Vistaril 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 antianxiety 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 request for Retrospective Vistaril 25mg q hs qty: 200 (DOS 08/05/15) i.e. a three month supply is excessive and not medically necessary as the guidelines recommend use of Vistaril only for short term treatment of anxiety.