

Case Number:	CM15-0178521		
Date Assigned:	09/29/2015	Date of Injury:	10/25/2004
Decision Date:	11/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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 63 year old male, who sustained an industrial injury on 10-25-2004. The injured worker is currently not working, permanent, and stationary. Medical records indicated that the injured worker is undergoing treatment for lumbar sprain-strain, thoracic or lumbosacral neuritis or radiculitis, degenerative lumbar disc, and chronic pain syndrome. Treatment and diagnostics to date has included acupuncture, Orthovisc injections, urine drug screen, and medications. Current medications include Ultram and Vistaril. After review of progress notes dated 06-09-2015 through 08-03-2015, the injured worker has reported low back pain with radiation to bilateral thighs rated 2-4 out of 10 and left knee pain. Objective findings included decreased painful lumbosacral range of motion noted at 50% with myospasms and tenderness to palpation (on 06-09-2015), "stable" lumbosacral range of motion with flexion noted as 95% (on 08-03-2015), left knee crepitus with decreased painful range of motion (on 06-09-2015), and negative crepitus (on 08-03-2015). The Utilization Review with a decision dates of 08-12-2015 non-certified the request for Vistaril 25mg #30 and blood test (CMP-comprehensive metabolic profile).

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/vistaril.html>.

Decision rationale: The requested Vistaril 25mg #30 is not medically necessary. CA MTUS and ODG are silent. <http://www.drugs.com/vistaril.html> recommends this anti histamine for allergic reactions. The injured worker has low back pain with radiation to bilateral thighs rated 2-4 out of 10 and left knee pain. Objective findings included decreased painful lumbosacral range of motion noted at 50% with myospasms and tenderness to palpation (on 06-09-2015), "stable" lumbosacral range of motion with flexion noted as 95% (on 08-03-2015), left knee crepitus with decreased painful range of motion (on 06-09-2015), and negative crepitus (on 08-03-2015). The treating physician has not documented the presence of allergic reactions or functional improvement from its use. The criteria noted above not having been met, Vistaril 25mg #30 is not medically necessary.

Blood test (CMP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: The requested Blood test (CMP) is not medically necessary. Chronic Pain Medical Treatment Guidelines, NSAIDS, specific drug list & adverse effects, Page 70, note, "Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The injured worker has low back pain with radiation to bilateral thighs rated 2-4 out of 10 and left knee pain. Objective findings included decreased painful lumbosacral range of motion noted at 50% with myospasms and tenderness to palpation (on 06-09-2015), "stable" lumbosacral range of motion with flexion noted as 95% (on 08-03-2015), left knee crepitus with decreased painful range of motion (on 06-09-2015), and negative crepitus (on 08-03-2015). The treating physician has not documented current NSAID prescriptions nor the medical necessity for the additional lab tests. The criteria noted above not having been met, Blood test (CMP) is not medically necessary.