

Case Number:	CM15-0074724		
Date Assigned:	04/24/2015	Date of Injury:	04/10/2012
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 48 year old male who sustained an industrial injury on April 10, 2012. Prior treatment includes medications. Currently the injured worker complains of anxiety and headaches. Diagnoses associated with the request include blunt head trauma, post-concussion, insomnia, dizziness, anxiety, chest pain. The treatment plan includes Vistaril Capsules (hydroxyzine pamoate) 25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 25 MG Every Day #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: The MTUS is silent on the use of Vistaril (hydroxyzine). ODG guidelines were used. ODG states "Recommend diagnosing and controlling anxiety as an important part of

chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for longer than two weeks." ODG states concerning treatment regimens that "Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. They have a more favorable side-effect profile than monoamine oxidase inhibitors (MAOIs) or tricyclic antidepressants (TCAs). They also have the advantage of treating comorbid depression. Selective Norepinephrine Reuptake Inhibitors (SNRIs), in particular Effexor (venlafaxine) have also been proven to be effective in the treatment of many anxiety disorders." ODG comments on second line agents such as Hydroxyzine that "Some other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs. (Specific Treatment: FDA-approved indications are listed next to each specific drug. A note is made if a medication is used off-label.)" The treating physician does not detail a trial and failure of first line agents such as SSRIs and SNRIs. The indication for this medication is unclear from the medical records. As such, the request for Vistaril 25mg every day, #30 is not medically necessary.