

Case Number:	CM14-0154273		
Date Assigned:	09/23/2014	Date of Injury:	12/25/1999
Decision Date:	11/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported injury on 03/08/2000. The mechanism of injury was cumulative trauma. The diagnoses included lumbar radiculitis, sprain/strain of the lumbar region, and chronic pain syndrome. The past treatments included injections, physical therapy and Motrin. The progress report, dated 08/12/2014, noted the injured worker complained of back and right knee pain, rated 8/10, radiating to the left lower extremity with numbness. He also reported insomnia and anxiety. It was noted his medications decreased his pain from 8/10 to a 4/10 rating, and allowed for activity and exercise without side effects. The physical exam revealed decreased and painful lumbar range of motion, tenderness to palpation diffusely, and ambulation with a limp. The medications included Vicodin 5/500 #15, Vistaril 25 mg #30, Duexis 800/26.6 mg #60, Voltaren gel 100 gm #3, and Cymbalta 30 mg #30. The treatment plan requested a trial of Vimovo for arthritis of the right knee, and noted the injured worker had failed Voltaren, Naprosyn, Relafen, and Celebrex due to GI upset. It was also noted he was unable to feel the trial of Vistaril previously. The treatment plan further requested Cymbalta for back pain, and to continue other medications including Vicodin and Vistaril. The request for authorization for Vistaril was submitted for review on 09/09/2014. The request for authorization for Vicodin was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Vicodin 5/300mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use of Page(s): 78-80.

Decision rationale: The request for prescription of Vicodin 5/300 mg #30 is not medically necessary. The injured worker had right knee pain and back pain radiating to his left lower extremity with numbness, insomnia, and anxiety. The California MTUS Guidelines recommend opioids as second line treatment of moderate to moderately severe pain, and for long term management of chronic pain when pain and functional improvements are measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed for ongoing management of opioids. The injured worker has been prescribed Vicodin since as early as 05/28/2013. There is a lack of evidence of functional improvement with the use of Vicodin. There is no assessment of aberrant drug taking behaviors provided. The frequency indicated for use was not included to determine medical necessity. Given the previous, the continued use of Vicodin is not supported at this time. Therefore, the request is not medically necessary.

Prescription of Vistaril 25mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anxiety treatment: Sheldon LK, Swanson S, Dolce A, March K, Summers J Clin J Oncol Nurs. 2008 Oct;12(5):789-97

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, and Insomnia treatment.

Decision rationale: The request for prescription of Vistaril 25 mg #30 is not medically necessary. The injured worker had right knee pain with back pain radiating to his left lower extremity with numbness, insomnia, and anxiety. The Official Disability Guidelines recommend sedating antihistamines for the treatment of insomnia; however, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Antihistamines, such as Hydroxyzine, may also be used to treat generalized anxiety disorder, which is characterized by anxiety/tension, excessive worry, restlessness, fatigability, poor concentration, irritability, muscle tension, and poor sleep. The rationale for the use of Vistaril was not provided. There was no assessment of insomnia or anxiety symptoms. There was no indication of an allergic reaction. There was no assessment of the severity or potential cause of insomnia. Additionally, the frequency intended for use was not included to determine medical necessity. Given the previous, the use of Vistaril is not supported at this time. Therefore, the request is not medically necessary.