

Case Number:	CM14-0162908		
Date Assigned:	10/08/2014	Date of Injury:	09/22/2011
Decision Date:	10/13/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal 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 September 22, 2011. He reported left shoulder pain, neck pain and low back pain after falling down stairs and losing consciousness. The injured worker was diagnosed as having low back pain, multilevel lumbar discogenic disease, lumbar radiculitis, lumbar facet syndrome and status post ACDF at the cervical 5-7 level in 2001. Treatment to date has included diagnostic studies, acupuncture, physical therapy, and radiographic imaging, and neurology consultation, radiofrequency with no relief, facet injection, medications and work restrictions. Currently, the injured worker continues to report constant low back pain across the lower back with intermittent radiation to the left lower extremity described as aching, burning, sharp and shooting in nature. The pain was noted to radiate to the top of the left foot with associated numbness of the outer three toes. He also noted back spasms and poor sleep. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. Evaluation on May 15, 2013, revealed continued pain as noted. He rated his pain at 8 on a 1-10 scale with 10 being the worst. He noted the pain was made worse with physical activity. He noted the sleep impairment was moderate to severe noting he wakes up 3 times nightly with pain and spasms. His gait was noted as antalgic. Straight leg raise was noted as positive on the left side with 60% of elevation. Magnetic resonance imaging (MRI) on November 23, 2011, of the lumbar spine revealed bulging annulus, foraminal disc protrusions with compression, mild central spinal canal stenosis, mild facet arthropathy and ligamentum flavum hypertrophy and mild foraminal stenosis at varied levels. It was noted Ibuprofen did not relieve his pain. Epidural steroid injections were recommended. Evaluation on May 29, 2013,

revealed no significant changes since the previously noted visit. He rated his pain at 4-5 out of 10 with medications and 8 out of 10 without medications on a 1-10 scale with 10 being the worst. Evaluation on October 10, 2013, revealed continued pain rated at 8 on a 1-10 scale with 10 being the worst. It was noted he was having increasing difficulty performing activities of daily living. Medications were continued. Lumbar transforaminal epidural steroid injection was performed on November 14, 2013. The RFA included requests for Hydroxyzine Pamoate 25mg x 60 and was non-certified on the utilization review (UR) on September 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine Pamoate 25mg x 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a682866.html>.

Decision rationale: Pursuant to Medline plus, hydroxyzine Pamoate 25 mg #60 is not medically necessary. Hydroxyzine is used to relieve the itching caused by allergies and to control the nausea and vomiting caused by various conditions, including motion sickness. It is also used for anxiety and to treat the symptoms of alcohol withdrawal. In this case, the injured worker's working diagnoses are lumbar discogenic disease; lumbar radiculitis; lumbar facet syndrome; and status post ACDF C-5-C7. The date of injury is September 22, 2011. Request for authorization is September 11, 2014. The earliest progress note in the medical record is dated May 15, 2013. The most recent progress note is dated October 10, 2013. There are no contemporaneous progress notes on or about the date of request authorization dated September 11, 2014. There was a peer-to-peer conference call between utilization review provider and the treating provider. The treating provider indicated hydroxyzine was taken for sleep. There was no clinical documentation on or about the date of request for authorization to review. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation with the clinical indication or rationale for hydroxyzine and a peer-to-peer conference indicating hydroxyzine was used for sleep, hydroxyzine Pamoate 25 mg #60 is not medically necessary.