

<b>Case Number:</b>	CM13-0045499		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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:

This case involves a 32-year-old male with a date of injury of June 16, 2003. Current psychotropic medications are Valium 10 mg used 1-2 per day, Abilify 15mg at bedtime, Buspar 4mg two (2) times per day, Atarax 25mg three (3) times per day, and Cymbalta 30mg daily; other medications "from pain doctor" are Nucynta 100mg eight (8) times per day, Soma 350mg five (5) times per day, Daypro two (2) times per day, Lyrica two (2) times per day, and Senna as needed. The patient has also been treated with Remeron. The patient reported weakness and sedation from Topamax. The patient has suffered from pain, depression, auditory hallucinations and anxiety. Medically the patient has been diagnosed with lumbar disc injury and radiculopathy. At issue here is the medical necessity of Atarax 25mg, three (3) times a day for one (1) year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Atarax 25mg, three (3) times a day for one (1) year:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines (ODG) Pain Chapter, Section on anxiety medications in chronic pain makes the following comment about the use of hydroxyzine: "Some other drug classes used to treat anxiety are antihistamines, 5HT1 agonist, and some anti-epilepsy drugs." Although some studies and many clinicians question the efficacy of hydroxyzine (atarax) for generalized anxiety, the ODG includes hydroxyzine as an acceptable treatment. As such, hydroxyzine as requested is medically necessary.