

<b>Case Number:</b>	CM14-0010671		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Occupational Medicine, 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 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 applicant is a represented 47-year-old [REDACTED] employee who has filed a claim for chronic low back, neck, and wrist pain reportedly associated with an industrial injury of August 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier wrist surgeries, multiple; a walker; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 21, 2014, the claims administrator apparently partially certified a request for hydroxyzine or Atarax, reportedly for weaning purposes. The utilization reviewer stated that attending provider did not furnish any compelling rationale for usage of hydroxyzine or Atarax. A December 18, 2013 progress note is notable for comments that the applicant reported persistent low back pain, 6-8/10. The applicant was given prescriptions for Norco and Atarax, the latter of which was to be used as needed. It was not stated why the applicant was using the Atarax, however. The applicant was placed off of work, on total temporary disability. The request appeared to represent a first-time request for Atarax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROXYZ HCL 25MG QD PRN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation National Library Medicine (NLM), Atarax Medication Guide

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the topic. As noted by the National Library of Medicine (NLM), hydroxyzine or Atarax is indicated in the symptomatic relief of anxiety, tension, as an adjunct in organic diseases, in histamine-mediated pruritus, and/or for sedative/anxiolytic purposes for short-term use purposes. In this case, however, no clear rationale for usage of hydroxyzine or Atarax was provided. It was not clearly stated why or for what purpose hydroxyzine or Atarax was being employed. It was not clearly stated that applicant in fact had issues with anxiety, tension, psychoneurosis, pruritus, etc. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the prescribing provider to tailor medications and dosages to the applicant taking into consideration applicant-specific variables. In this case, however, as noted previously, the attending provider did not furnish any rationale for usage of the medication in question. Therefore, the request is not medically necessary.