

<b>Case Number:</b>	CM14-0018582		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/06/2009
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 [REDACTED] employee who has filed a claim for posttraumatic headaches, chronic pain syndrome, chronic neck pain, chronic mid back pain, and chronic low back pain reportedly associated with an industrial injury of June 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; earlier lumbar disk replacement surgery; unspecified amounts of manipulative therapy; and sleep aids. In a Utilization Review Report dated January 30, 2014, the claims administrator partially certified Norco for weaning purposes and partially certified Atarax, also for weaning purposes. The applicant's attorney subsequently appealed. In a September 23, 2013 progress note, the applicant was described as having ongoing issues with depression, anxiety, mental instability, and insomnia. It was stated that there have been little or no improvement in the applicant's symptoms. It was stated that the applicant was using Prozac for depression. The applicant was placed off of work, on total temporary disability, from a mental health perspective. In a December 17, 2013 progress note, the applicant was described as having ongoing issues with chronic low back pain. The applicant stated that an epidural injection only provided brief relief. The applicant was on Norco three times daily, Neurontin four times daily, Restoril three times daily, Ambien nightly, and Butrans patches as of that point in time, it was stated. The applicant was not working; it was suggested on several occasions. In a January 16, 2016 progress note, the applicant was described using OxyContin, Norco, Ambien, Prilosec, and Prozac. The applicant was asked to discontinue tizanidine and begin Robaxin. Atarax was apparently endorsed for sleep purposes to reduce the applicant's consumption of Ambien, which the attending provider suggested was more habit forming.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE ATARAX 25MG #60 DOS: 1/16/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Anxiety medications in chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine, Atarax Drug Guide

**Decision rationale:** The MTUS does not address the topic. As noted in the National Library of Medicine (NLM), however, Atarax or hydroxyzine is indicated in the symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease case in which anxiety is manifested. In this case, the applicant did have issues with anxiety and insomnia. Atarax, per the National Library of Medicine, can be employed to relieve anxiety and tension and as a sedative, at least for short-term use purposes. In this case, the request in question represented a first-time request for hydroxyzine or Atarax. The attending provider stated that he was employing the same as a means of diminishing the applicant's consumption of Ambien. This was an appropriate usage of Atarax, per the National Library of Medicine. Therefore, the request was medically necessary.

**RETROSPECTIVE NORCO 10/325MG #90 DOS: 1/16/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Page(s): 80.

**Decision rationale:** Norco is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints are heightened as opposed to reduce despite ongoing opioid usage. The applicant's ability to perform even basic activities of daily living likewise appears constrained. On balance, then, it does not appear that ongoing usage of Norco has been beneficial. Therefore, the request is not medically necessary.