

<b>Case Number:</b>	CM14-0121774		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old female with a 11/21/07 date of injury. At the time (6/18/14) of request for authorization for hydroxyzine 25mg #60, there is documentation of subjective (slight itching with the use of Norco) and objective (none specified) findings, current diagnosis (Anxiety and depression secondary to chronic pain), and treatment to date (medications (Norco and hydroxyzine)). Medical report identifies slight itching with Norco that is well-controlled with hydroxyzine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroxyzine 25mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

**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 (<http://www.drugs.com>).

**Decision rationale:** The MTUS does not address this issue. The ODG identifies documentation of anxiety, as criteria necessary to support the medical necessity of antihistamines. Medical

Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Hydroxyzine is indicated (such as: anxiety and tension; and as an adjunct in organic disease states in which anxiety is manifested; or pruritus due to allergic conditions (such as chronic urticaria and atopic and contact dermatoses, and histamine-mediated pruritus)), as criteria necessary to support the medical necessity of hydroxyzine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Anxiety and depression secondary to chronic pain. In addition, there is documentation of ongoing treatment with Norco and hydroxyzine. Furthermore, given documentation of slight itching with Norco that is well-controlled with hydroxyzine, there is documentation of condition/diagnosis (with supportive subjective/objective findings) for which hydroxyzine is indicated. Therefore, based on guidelines and a review of the evidence, the request for Hydroxyzine 25mg #60 is medically necessary.