

Case Number:	CM14-0160147		
Date Assigned:	10/03/2014	Date of Injury:	09/23/2000
Decision Date:	11/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal 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 injured worker is a 44 years old male who reported injury on 09/23/2000. The mechanism of injury was not provided. He was diagnosed with recurrent major depression, lumbar post-laminectomy, chronic pain, rotator cuff tear arthropathy and had a history of anxiety disorder. The injured worker's past treatments have included lumbar surgery, a bone stimulator and medications. The injured worker stated on 09/16/2014 that use of Cymbalta had decreased his depression and pain by 40%. He also reported that he remained in moderate-severe pain, but stated that his pain was somewhat better controlled with his medication regimen, he was able to perform basic activities of daily living, and he had decreased depression and anxiety. His medications included Cymbalta, gabapentin, Lidoderm, nortriptyline, OxyContin, Percocet and Hydroxyzine 50mg to be used twice daily as needed. A request was received for Hydroxyzine HCL 50mg. However, the rationale for this medication and the Request for Authorization form were not provided in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com

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

Decision rationale: The request for Hydroxyzine HCL 50mg is not medically necessary. The Official Disability Guidelines state SSRIs or SNRIs are typically first line agents for generalized anxiety disorder, but other medications, including Hydroxyzine, may also be useful. The injured worker reported that he remained in moderate-severe pain, but stated that his pain was somewhat better controlled with his medication regimen, he was able to perform basic activities of daily living, and he had decreased depression and anxiety. He is diagnosed with recurrent major depression and was noted to have a history of anxiety disorder. However, he was not shown to have a specific diagnosis of generalized anxiety disorder or to have failed first-line treatment for this condition, to include SSRIs or SNRIs. Additionally, the request, as submitted, did not specify a quantity or frequency of use. Consequently, the request for Hydroxyzine is not medically necessary.