

<b>Case Number:</b>	CM14-0184875		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/16/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Physical Medicine & Rehabilitation 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:

This 46 year-old patient sustained an injury on 4/16/09 while employed by [REDACTED]. Request(s) under consideration include Atarax 25 mg, 120 count with three refills. Diagnoses include chronic right knee pain and left heel pain; late effect tendon injury. Report of 9/2/14 from the provider noted the patient with ongoing back pain remaining on crutches, right wrist pain following a fall as right leg gave out. Exam showed left knee with negative orthopedic testing of McMurray's and Lachman's without tenderness; right knee with swelling, tenderness, and limited range with flex/ext. of 100/10 degrees. Conservative care has included medications, physical therapy, injections, and activity modifications/rest. The request(s) for Atarax 25 mg, 120 count with three refills was non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atarax 25 mg, 120 count with three refills:** Upheld

**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 Other Medical Treatment Guideline or Medical Evidence: National Clearinghouse Guidelines, WebMD, Drugs

**Decision rationale:** This 46 year-old patient sustained an injury on 4/16/09 while employed by [REDACTED]. Request(s) under consideration include Atarax 25 mg, 120 count with three refills. Diagnoses include chronic right knee pain and left heel pain; late effect tendon injury. Report of 9/2/14 from the provider noted the patient with ongoing back pain remaining on crutches, right wrist pain following a fall as right leg gave out. Exam showed left knee with negative orthopedic testing of McMurray's and Lachman's without tenderness; right knee with swelling, tenderness, and limited range with flex/ext. of 100/10 degrees. Conservative care has included medications, physical therapy, injections, and activity modifications/rest. The request(s) for Atarax 25 mg, 120 count with three refills was non-certified on 10/24/14. Atarax (Hydroxyzine) belongs to a class of medications called antihistamine and may be used for the short-term treatment and symptomatic relief of nervousness, anxiety and tension associated with psychoneurosis that may occur with certain mental/mood disorders (e.g., anxiety, dementia) and as an adjunct in organic disease states in which anxiety is manifested. It is also used in the management of pruritus due to allergic conditions such as chronic urticarial and atopic/contact dermatoses, and other causes (e.g., reactions to certain drugs). It may be used prior to and after surgery, or to enhance certain narcotic pain relievers (e.g., Barbituate-meperidine). Submitted reports have not demonstrated the indication, clinical findings or diagnoses to support the use of this medication. The Atarax 25 mg, 120 count with three refills is not medically necessary.