

<b>Case Number:</b>	CM14-0185349		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; adjuvant medications; psychotropic medications; sleep aids; and extensive periods of time off of work. The applicant, it is incidentally noted, apparently alleged multifocal pain complaints reportedly associated with cumulative trauma at work as opposed to a specific, discrete injury. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for hydroxyzine (Atarax). The applicant's attorney subsequent appealed. In an April 22, 2014 progress note, the applicant reported multifocal complaints of shoulder pain, back pain, anxiety, and depression. The applicant was using Mobic, Pamelor, Prilosec, tramadol, Lidoderm, and Lunesta, it was acknowledged. Many of the same medications were refilled. The applicant was placed off of work, on total temporary disability, for an additional one month. On October 15, 2014, the applicant again reported ongoing complaints of depression, anxiety, shoulder pain, back pain, and neck pain. 3-7/10 pain complaints were reported. The applicant reported paresthesia about the right hand. The applicant felt that her pain complaints had flared up as a result of heightened psychological stress. The applicant was using omeprazole for reflux and Pamelor for depression. The attending provider posited that hydroxyzine (Atarax) was helping the applicant sleep. The applicant's medications, at this point, included Ambien, Atarax, Klonopin, Lidoderm, Lunesta, Mobic, Pamelor, Prilosec, and tramadol. The applicant was asked to exercise to tolerance. The applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroxyzine HCL 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.drugs.com/search.php?searchterm=Hydroxyzine>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation National Library Medicine (NLM), Hydroxyzine Medication Guide

**Decision rationale:** Per the National Library of Medicine (NLM), hydroxyzine (Atarax) is an antihistamine medication which can be employed to treat anxiety, tension, nervousness, nausea, vomiting, allergies, skin rash, hives, and/or itching. The attending provider indicated in his October 15, 2014 progress note that hydroxyzine was being employed for anxiolytic effect and sedative effect here. However, the MTUS Guideline in ACOEM Chapter 15, page 402 notes that anxiolytics such as hydroxyzine are indicated for "brief periods" in case of overwhelming symptoms. In this case, however, the attending provider's ongoing, longstanding, and extensive usage of hydroxyzine, thus, runs counter to MTUS principles and parameters. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of the applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not furnish any rationale which would support provision of so many different anxiolytic/sedative medications in conjunction with hydroxyzine, including Klonopin, Lunesta, and Ambien, in addition to a sedating antidepressant, Pamelor. Therefore, the request is not medically necessary.