

Case Number:	CM14-0037814		
Date Assigned:	06/25/2014	Date of Injury:	02/04/2013
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/31/2014

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 patient is a 25 year old female who was injured on 02/04/2013. She sustained an injury while she was assisting a patient move from the toilet to a wheelchair. She stated she felt a pop in her left wrist and felt an immediate onset of pain. Prior treatment history has included scapholunate articulation injection in 11/2013 but still remains symptomatic. The patient has been treated with tramadol HCL 50 mg tabs twice a day. Office visit dated 02/11/2014 reports the patient complained of worsening symptoms in the left wrist. She continues to have ulnar-sided wrist pain she bends her wrist. She reported her pain at best a 2-3/10 with rest and 5-6/10 depending on activities. On exam, there is mild edema noted from dorsal central aspect of the wrist to the ulnar wrist. Range of motion is decreased in flexion and extension. There is pain with pronation and supination. Evaluation note dated 01/14/2014 states the patient was in for an evaluation and complained of left wrist symptoms. Her pain is deep within the wrist, in the scapholunate articulation and radial volar aspect of the wrist. She stated that her pain is over the ulnar side of the wrist. She also reported low back pain which she stated was central radiating into the right buttock with no radicular symptoms. Any sudden movement exacerbated her pain. Objective findings on exam revealed range of motion of the elbows, wrists, forearms and hands were 100% bilaterally. Range of motion of the wrists were normal on the right. The left side exhibited ulnar deviation to 25 degrees. It was noted that with radial deviation of the wrist, a pop was felt in the left wrist. Her remaining exam of upper and lower extremities were within normal limits. She was diagnosed with possible tear triangulofibrocartilage complex of the left wrist, lunate cyst and possible volar ganglion cyst left wrist, and lumbar strain. Prior utilization review dated 03/21/2014 states the request for Hydroxyzine 25mg was not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter Medications for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain (Tricyclic Antidepressant), Hydroxyzine.

Decision rationale: Hydroxyzine is in a class of medications called antihistamines. It is indicated to treat allergic conditions such as seasonal allergies and hives. It can also be used to treat pruritis (itchiness), anxiety and insomnia. The medical records do not document the patient to have any of these conditions, nor does it document that the patient is benefiting from the medication. Thus, the request for Hydroxyzine 25 mg is not medically necessary.