

Case Number:	CM14-0078654		
Date Assigned:	07/18/2014	Date of Injury:	02/11/2008
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 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:

This patient is a 56 year-old female with date of injury 12/11/2008. The medical document associated with the request for authorization, a psychiatric updated progress report, dated 03/14/14 did not list any subjective complaints. There was no objective examination reported. Physician was quoted as saying, "While the patient may have considered herself a nervous and depressed individual, it's important to understand that despite these designations the patient was never given any psychiatric diagnosis by the treating physicians." Diagnosis: 1. Reactive depression. The medical records supplied for review document that the patient had not been prescribed the following medications before the request for authorization on 03/14/2014. Medications: 1. Hydroxyzine 25mg, #90 SIG: TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain: Anxiety medications in 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) Pain (Chronic), Anxiety medications in chronic pain.

Decision rationale: The patient is currently taking Wellbutrin and Remeron for depression. Although the MTUS and the Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, the patient does not carry a diagnosis of generalized anxiety disorder. Hydroxyzine is not medically necessary and appropriate.