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| Case Number: | CM14-0200059 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 03/24/2002 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 11/14/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Family Practice, 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 is a 65 year-old female claimant who sustained a work injury on March 24, 2002 involving the shoulders and back. She was diagnosed with a lumbar spine strain and intermittent radiculopathy with a disc bulge at L4- L5. She had also developed major disorder for which she saw psychiatry. She had been on anti-depressants. (Effexor). Progress note on October 17, 2014 indicated the claimant wanted help with sleeping and relaxation at night. The treating psychiatrist continued her Effexor and added Atarax 25 mg at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25 mg, thirty count with three refills: 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 Procedures Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia medications.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the

medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Atarax is a sedating anti-histamine. Sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. In this case the etiology of sleep difficulties and other behavioral interventions was not discussed. Alternatives for nightly relaxation were not thoroughly described in the clinical notes. The claimant had been given three month supply of Atarax. Long-term use is not recommended and is not medically necessary.