MAXIMUS Federal Services

Case Number:	CM14-0205021		
Date Assigned:	12/17/2014	Date of Injury:	03/29/2011
Decision Date:	02/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/08/2014

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 neck, back, and upper extremity pain reportedly associated with an industrial injury of March 29, 2011.In a Utilization Review Report dated November 4, 2014, the claims administrator partially approved a request for Norco while denying a request for Atarax outright. The claims administrator referenced a September 26, 2014 progress note in its determination. The claims administrator's decision insofar as Atarax denial was difficult to discern. The Atarax was being employed for anxiolytic effect, although this was not explicitly stated.The applicant's attorney subsequently appealed.In the IMR application dated December 3, 2014, however, the applicant's attorney seemingly stated that he was only appealing the denial of Atarax.In a progress note dated September 22, 2014, the applicant reported various and sundry issues, including chronic neck pain, chronic shoulder pain, chronic lower back pain, and chronic upper back pain. The applicant was pending an unspecified abdominal surgery. Stated diagnoses included chronic wrist pain, chronic shoulder pain, posttraumatic headaches, lower extremity radiculopathy, left lower quadrant mass, chronic thoracic spine pain status post thoracic fusion surgery to ameliorate a thoracic burst fracture, urticarial lesions secondary to allergy, and postsurgical ventral hernia. The attending provider gave the applicant a refill of Norco while keeping the applicant off of work, on total temporary disability. There was no mention of Atarax's being employed on this date.In an applicant questionnaire dated September 22, 2014, however, it was suggested that the applicant was using Atarax, although it was not clearly stated for what purpose Atarax was being employed as the questionnaire was apparently in Spanish.Atarax was sought via an RFA form dated September 22, 2014, as a 120-capsule supply of the same with three refills.The September 22, 2014 progress note contained no discussion of Atarax, nor did it state whether or not Atarax was or was not effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Atarax 25mg #120 with 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine Hydroxyzine (Atarax) Prescription drug

Decision rationale: The limited information on file suggests that Atarax is being employed for allergic effect and/or urticarial issues. While the MTUS does not address the topic of Atarax usage for an allergic effect per se, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Page 47 of the ACOEM Practice Guidelines further notes that an attending provider should discuss the efficacy of a particular medication for the particular condition for which it is being employed. Here, however, there was no clear discussion of why or for what purpose Atarax was being employed. While the National Library of Medicine (NLM) does acknowledge that Atarax, an antihistamine agent, can be employed for anxiety, tension, nervousness, skin rash, hives, itching, etc., in this case, the attending provider did not explicitly state why and/or for what purpose Atarax was being employed. The attending provider did not state whether Atarax was being employed for anxiolytic effect or for hives. The attending provider did not state whether or not Atarax had proven effective or what other purposes it was being employed. Therefore, the request was not medically necessary.