

Case Number:	CM14-0208763		
Date Assigned:	02/04/2015	Date of Injury:	03/25/2013
Decision Date:	03/25/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 34 year old male, who sustained an industrial injury on 3/25/2013. The diagnoses have included chronic low back pain, insomnia and anxiety secondary to low back pain and lumbar disc herniation. Treatment has included physical therapy and pain medications. According to the Primary Treating Physician's Progress Report dated 10/28/2014, the injured worker complained of lower back pain with radiation in the left thigh. He had been limping. He stated that he received Atarax about a week ago and had some improvement in his pain relief taking the Atarax along with the Norco. Objective findings revealed paralumbar tenderness from T11 to L5-S1, left greater than right with left sacroiliac and left trochanteric tenderness. There was some lumbar spasm present. On 11/12/2014 Utilization Review (UR) non-certified a request for Atarax 25mg #120. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg #120 with no 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 Chapter, Anxiety medications for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60-61.

Decision rationale: The injured worker sustained a work related injury on 3/25/2013. The medical records provided indicate the diagnosis of chronic low back pain, insomnia and anxiety secondary to low back pain and lumbar disc herniation. Treatment has included physical therapy and pain medications. The medical records provided for review do not indicate a medical necessity for Atarax 25mg #120 with no refills . This medication is not listed in the MTUS, neither is it listed in the Official Disability Guidelines drug formulary or any other section of the Official Disability Guidelines.