

Case Number:	CM14-0212253		
Date Assigned:	01/02/2015	Date of Injury:	03/01/2012
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/18/2014

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:

42 yr. old male claimant sustained a cumulative work injury from 3/1/12 to 10/2/73 involving the back, wrist, and sprain of the acromioclavicular region. He had depression and anxiety from inability to work for which he was undergoing psychotherapy and using Zoloft. An MRI of the lumbar spine in 6/2014 indicated L4-L5 disc desiccation and foraminal narrowing. He had undergone physical therapy and used Norco for pain. He was getting hand swelling while using a cane. A progress note on 11/14/14 indicated the claimant was depressed with delusion and congruent affect. He was tired with a low concentration. The claimant was treated with Atarax and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg qd #30: Upheld

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

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

Decision rationale: The MTUS and ACOEM guidelines do not comment on antihistamines. Atarax has been indicated for use in anxiety. However, other medications including SSRI. In this case, the specified use of Atarax was not outlined. Response to medication or failure of other options were not mentioned. The Atarax use was not justified and therefore not medically necessary.