

Case Number:	CM15-0001485		
Date Assigned:	01/12/2015	Date of Injury:	06/22/2005
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: Illinois
Certification(s)/Specialty: Psychiatry

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 50-year-old male who reported an injury on 06/22/2005. The mechanism of injury involved cumulative trauma. The current diagnoses include major depressive disorder and psychological factors affecting a medical condition. The injured worker presented on 09/18/2014 with complaints of auditory hallucinations and insomnia. The injured worker also reported persistent depression. There was no psychological examination provided on the requesting date. Recommendations included continuation of the current medication regimen of Vybrid 40 mg, Latuda 120 mg, Zyprexa 20 mg, Risperdal 2 mg, Lunesta 3 mg, and Atarax 25 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function, 2nd Edition (2004), Chapter 6 page 115, and Official Disability Guidelines (ODG), Mental Illness and Stress Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 12 Feb 2015.

Decision rationale: According to the U.S. National Library of Medicine, hydroxyzine is used to relieve itching caused by allergies and to control nausea and vomiting caused by various conditions. It is also used for anxiety and to treat the symptoms of alcohol withdrawal. According to the documentation provided, the injured worker utilizes Atarax 25 mg at bedtime for anxiety. While this is an indication for Atarax, the current request does not include a frequency or quantity. As such, the request is not medically appropriate at this time.