

<b>Case Number:</b>	CM15-0008919		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old female who sustained a work related injury on November 28, 2012, after tripping over a metal platform and struck her left hand and injuring her low back. Diagnoses of left hand contusion and lumbar strain were made. Treatments were for pain medications, muscle relaxants and anti-inflammatory medications. In June 2013, a Magnetic Resonance Imaging (MRI) revealed a disc protrusion with stenosis of the lumbar and cervical spine. The injured worker presented on 11/11/2014 with complaints of headaches, jaw pain, and neck and lower back pain. The injured worker was utilizing Norco 5 mg. The injured worker also reported pain in the bilateral wrists and hands. Upon examination, there was right wrist and forearm tenderness; medial and lateral epicondylar tenderness on the right; bilateral shoulder tenderness; 100 degree right shoulder abduction, 20 degree extension, and 130 degree flexion; 100 degree left shoulder abduction, 20 degree extension, and 130 degree flexion; bilateral rotator cuff tenderness; bilateral supraspinatus and infraspinatus tenderness; 20 degree flexion of the cervical spine, 20 degree extension, 30 degree rotation, and 10 degree lateral flexion; 45 degree flexion of the pelvis; and bilateral TMJ tenderness. Diagnoses included chronic left hand pain with left wrist sprain, chronic right hand pain with right wrist sprain, chronic bilateral upper extremity pain, chronic cervical myofascial pain, chronic thoracic myofascial pain, chronic lumbar back pain, chronic polyarthralgia in the lower extremity, hypercholesterolemia, dyspepsia, chronic left TMJ syndrome, cervicogenic/TMJ related headaches, and anxiety related to chronic pain. The injured worker was issued prescriptions for Atarax 25 mg and Cymbalta 30 mg. there was no Request for Authorization form submitted for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Atarax 25mg #120 with 3 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, Pain (Chronic), Anxiety medications in chronic pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Last updated: 02 March 2015. [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Hydroxyzine.

**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. The injured worker does not maintain any of the above mentioned diagnoses. The injured worker does not report symptoms of itching, nausea, or vomiting. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.