MAXIMUS Federal Services

Case Number:	CM15-0102534		
Date Assigned:	06/04/2015	Date of Injury:	07/08/2009
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/28/2015

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
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 52 year old male patient who sustained an industrial injury on 07/08/2009. The injured worker is a master mechanic. A recent primary treating office visit dated 04/09/2015 reported the patient with subjective complaint of ongoing back pain radiating to his legs; along with neck pain and stiffness radiating to his upper extremities. He states having functional improvement and pain relief with the current medications. Most recently he is experiencing what he describes as "intense itching" of the right foot. Objective findings showed lumbar spine tenderness about the lower paravertebral muscles. A right Achilles tendon reflex is absent. The following diagnoses are applied: status post lumbar decompression; residuals of cervical myelopathy; urinary incontinence; status post cervical laminectomy C3-C7, and residuals of cauda equine syndrome. The plan of care noted the patient provided prescription for Norco, Lyrica, Atarax and a urine drug screen. On both 07/11/2014 and 10/17/2014 the patient underwent a functional capacity evaluation. Another primary follow up visit dated 03/05/2015 showed unchanged treating diagnoses, subjective complaint and objective findings. The plan of care noted the patient given prescription refills, repeat urine drug screening and follow up visit in 5 weeks. Back on 10/23/2014 the patient had subjective complaint of low back pain radiating to the right leg. He had just recently undergone electrodiagnsotic nerve conduction study. He was diagnosed with: history of cauda equine syndrome; status post cervical laminectomy C3-7; residuals of cervical myelopathy, and status post lumbar decompression. Of note, from a urologic stand point the patient is deemed permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg qty: 60.00 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 (ODG), Pain; http://www.ncbi.nlm.nih.gov/pubmed/17361495.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section/Insomnia and Other Medical Treatment Guidelines http://www.medicinenet.com/hydroxyzine.

Decision rationale: The MTUS Guidelines do not address the use of Hydroxyzine (Atarax). Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Per manufacturer's information Hydroxyzine is indicated for the symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. Also useful in the management of histamine mediated pruritis from allergic conditions such as chronic urticaria, atopic and contact dermatoses. In addition, Atarax is useful as a sedative when used as premedication and following general anesthesia. The patient's medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate the use of non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharamacological sleep aid. In this case, Atarax is being prescribed for intense itching that the injured worker is experiencing in his right foot. It is clear from the available documentation that the injured worker would benefit from the use of Atarax but the request for three refills is not warranted. Functional gains should be assessed prior to refills being prescribed, therefore, the request for Atarax 25mg qty: 60.00 with 3 refills is determined to not be medically necessary.

Repeat urine drug toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Section Opioids Criteria for Use Section Page(s): 43, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed

substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. Per available documentation, there is no concern for abuse or addiction in the injured worker. Additionally, there are no past urine drug screens or results included with the documentation so it is unclear when the previous urine drug screen was. The request for repeat urine drug toxicology screen is determined to not be medically necessary.