

Case Number:	CM15-0104579		
Date Assigned:	06/08/2015	Date of Injury:	11/30/2007
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 52-year-old female who sustained an industrial injury on 11/30/2007. Diagnoses include major depressive disorder, single episode, moderate; somatic symptom disorder with predominant pain, persistent, moderate and psychological factors affecting another medical condition. Treatment to date has included medications, psychiatric and psychological care. According to the Re-Evaluation Report of the Consulting Physician dated 1/5/15 the IW reported her depression had increased. She reported suicidal ideation without intent or plan. She complained of daily anxiety and continued sleep difficulties as well as difficulties with concentration, memory, focusing attention and making decisions. On examination her mood was noted to be depressed with evidence of underlying anxiety. Her affect was consistent with her mood and appropriate to thought content. There were indications of memory deficits for details and dates. Her Beck Depression Inventory score was 35 and Anxiety Inventory score was 42, which indicated severe depression and severe anxiety levels. A request was made for Atarax 10mg, #60 for treatment of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 10mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter and ODG Mental Illness and Stress Chapter Anti anxiety medications for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, atarax.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested services. The physician desk reference states the requested medication is indicated in the treatment of anxiety and allergic skin condition. The patient does have the diagnosis of anxiety and the request is therefore medically necessary.