

<b>Case Number:</b>	CM15-0107256		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/26/1999
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Hawaii

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 65 year old female who sustained an industrial injury on 02/26/1999. Current diagnoses include pain in joint lower leg bilateral and knee joint replacement bilateral. Previous treatments included medications, gastric bypass, and knee replacement. Report dated 05/18/2015 noted that the injured worker presented with complaints that included depression. Pain level was not included. Physical examination was not provided. The treatment plan included included an attempt to return a peer to peer phone call regarding the requested treatment. Disputed treatments include hydroxyzine HCL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Month Supply, Hydroxyzine HCL (hydrochloride) 25 mg (between 5/28/15 and 7/12/15):**  
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 ODG Online Pain chapter: Weaning.

**Decision rationale:** The patient presents with pain affecting the bilateral knees and left hip. The current request is for 1 month supply, Hydroxyzine HCL (hydrochloride) 25mg (between 5/28/15 and 7/12/15). The treating physician documents in the report dated 5/18/15 that the patient is currently taking 18 different medications and that the patient is not having any side effects to the medications. (24B) The ODG guidelines recommend the usage of Hydroxyzine during the weaning of opiates for treatment of withdrawal symptoms of insomnia and restlessness. In this case, the treating physician does not document that the patient is weaning from opiates and there is no discussion of the effects of this medication as required by MTUS page 60. The current request is not medically necessary.