

<b>Case Number:</b>	CM15-0142595		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	01/20/2010
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Arizona, California  
 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 is a 49 year old male who sustained an industrial fall injury on 01-20-2010. The injured worker was diagnosed with lumbago and cervicgia. The injured worker has a remote surgical history including bilateral knee surgery in the 1980's and a cervical fusion in 2006. Treatment to date has included diagnostic testing, physical therapy, occupational therapy, dental work, transcutaneous electrical nerve stimulation (TEN's) unit, massage therapy, and medications. According to the primary treating physician's progress report on June 9, 2015, the injured worker continues to experience back and neck pain rated at 6 out of 10 on the pain scale with medications. Examination of the cervical spine demonstrated tenderness to palpation of the paraspinal muscles. Shoulders and upper extremities were without deficits. The lumbar spine examination revealed no paraspinal muscle tenderness with pain in the S1 distribution. The midline and paraspinal muscles had normal strength and there was full range of motion of the lower extremities. The injured worker is permanently disabled. Current medications are listed as Norco 5mg-325mg, Tramadol, Naproxen and Motrin. Treatment plan consists of continuing medication regimen and the current request for Hydroxyzine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroxyzine pamoate 50mg quantity 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Generalized Anxiety Disorder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hydroxyzine-NIH-consumer affairs resource site AHFS® Consumer Medication Information. © Copyright, 2015. The American Society of Health-System Pharmacists, Inc.

**Decision rationale:** Hydroxyzine is indicated for allergies and anxiety. In this case, the claimant had no rashes or allergic symptoms. There was mention of depression and anxiety. Long term use of anxiety medications not in the class of SSRI or anti-depressants is not indicated. The claimant had been on Hydroxyzine for several months. Chronic use is not indicated. Failure of SSRIs are not noted. Therefore the request is not medically necessary.