

Case Number:	CM15-0162641		
Date Assigned:	08/28/2015	Date of Injury:	01/24/1997
Decision Date:	10/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/19/2015

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: 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 64 year old female who sustained a work related injury January 24, 1997. Past history included status post L3-4 fusion, hardware removal L5-S1, and total left knee replacement August 2007. According to a consulting psychologist's office visit notes, dated July 28, 2015, the injured worker presented with clear cognition and reduced elements of perplexity, rambling, and loss of focus. Access tone and retention unimpaired. Mood is moderately depressed. Recent knee study revealed a cyst, fracture to condyle and possible surgery. She was encouraged pool exercise lightly. She responds well to coping techniques base on cognitive behavioral therapy. Diagnosis is documented as major depressive disorder, confusional and anxious-obsessive features, improved. According to a primary treating physician's progress report, dated July 23, 2015, the injured worker presented for follow-up of low back pain, rated 6 out of 10, stiffness, weakness in the right leg and sharp hip pain. She reports knee pain, rated 7 out of 10 in the left and right knee. Medication is providing a 90% improvement in pain, at the lowest effective dosage. She has received her third sacroiliac joint injection with increased functional capacity and reduction in pain. Current medication included Atarax, Dexilant, Docusate Sodium, Fentanyl, Neurontin, Norco and Trazodone. Physical examination revealed; coordination is good; L5 dermatome and L4 dermatome demonstrates decreased light touch sensation bilaterally; palpation over L4-5 and L5-S1 facet capsules-bilateral pain with rotational extension, myofascial pain with triggering and ropey fibrotic banding and tenderness, bilateral; increased instability right knee, subpatellar pain and potential meniscal pathology. Diagnoses are status post right knee surgery x one with residual pain and proximal lateral meniscal tear; lumbar

pain and radiculopathy; exacerbation of chronic low back pain. Treatment plan included a follow-up with surgeon for potential lumbar surgery and sacroiliac fusion, orthopedic evaluation for positive right knee MRI (diffuse complex tear of the medial meniscus), and renewal of medication. At issue, is the request for authorization for Atarax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date (www.uptodate.com) Lexicomp: Atarax.

Decision rationale: The reference source Up-To-Date provides a summary on a number of medications, including Atarax, through Lexicomp. Lexicomp describes Atarax as an antihistamine which has the following indications: Anxiety, Antiemetic, Preoperative Sedation, and Pruritis. The dose range is 50-100mg 4 times daily. In the medical records, there is no rationale provided to justify the use of Atarax in this patient. There is no description of the need of Atarax as an antiemetic or for pruritis. There is no record in the patient's history describing nausea or itching. Given that there is no rationale provided to justify the use of this antihistamine, the request for Atarax is not considered as medically necessary.