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| <b>Case Number:</b>   | CM15-0164078 |                              |            |
| <b>Date Assigned:</b> | 09/01/2015   | <b>Date of Injury:</b>       | 12/25/2003 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 07/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2015 |

### 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 is a 59 year old female, who sustained an industrial injury on 12-25-03. The injured worker has complaints of lower back pain, right knee and leg pain. The documentation noted that the injured worker ambulates with a cane. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and probable right knee internal derangement. Treatment to date has included right knee X-ray; Right knee X-ray; left hip computerized tomography (CT) scan; closed reduction internal fixation; metal removal and total hip replacement, left hip and hydroxyzine. The request was for hydroxyzine 25mg #30 with 1 refill. Several documents within the submitted medical records are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydroxyzine 25mg #30 with 1 refill:** 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 (Acute & 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 PDR, hydroxyzine.

**Decision rationale:** The California MTUS and the ACOM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of anxiety and allergies or allergic reaction as well as pruritus. The patient does not have any of these as a documented primary diagnosis and therefore the request is not medically necessary.