

Case Number:	CM15-0168912		
Date Assigned:	09/01/2015	Date of Injury:	06/27/2003
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/27/2015

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 50-year-old male, who sustained an industrial injury on 6-27-03. The diagnoses have included joint pain of hand, carpal tunnel syndrome, pain in the hand and fingers and depression. Treatment to date has included medications, acupuncture, hand therapy, injections, bracing, activity and work restrictions. Currently, as per the physician progress note dated 7-17-15, the injured worker is for follow up visit and reports 50 percent reduction of pain in the right hand for a few hours after each session of acupuncture. He has been authorized for hand therapy to start on 7-22-15. He notes that lately the pain is worse on the right hand in the evening and it wakes him from sleep. It seems to be better controlled in the day. The pain is rated 5-8 out of 10 on pain scale. The current medication includes Cymbalta. The objective findings- physical exam reveals that there is tenderness to palpation of the right hand and limited grip strength and stiffness of the right hand. The physician noted that he recommends a trial of Hydroxyzine HCL be started in the evening to encourage sleep and further decrease the pain. The physician requested treatment included Hydroxyzine HCL 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain and 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Hydroxyzine is an antihistamine that causes drowsiness and has been used for sleep disturbances. It is not 1st line over behavioral modifications and other medications. Long-term use is not recommended. In this case, the primary cause of insomnia is pain rather than a sleep disorder. Addressing pain as a primary problem is recommended over using Hydroxyzine and is not medically necessary.