

Case Number:	CM15-0195295		
Date Assigned:	10/09/2015	Date of Injury:	12/12/2002
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 62 year old female who sustained an industrial injury December 12, 2002. Past history included L4-5 lumbar fusion, C5-6, C6-7 cervical fusion, and hypertension. Past treatments included trials of physical therapy, TENS (transcutaneous electrical nerve stimulation) unit, multiple epidural and facet injections, multiple adjunct and non-opioid medications as primary therapy prior to consideration of chronic opioid analgesics for chronic spinal pain. Diagnoses are cervical spondylosis without myelopathy; chronic severe cervical and lumbar radicular pain with failed back syndrome; lumbosacral spondylosis without myelopathy. According to a treating physician's progress notes dated July 3, 2015, the injured worker presented for re-evaluation reporting her cervical and lumbar pain are well controlled with the current regimen. She rated her pain 6 out of 10 with a 50% pain relief this past week. Current medication included Skelaxin, Lidocaine patches, Lisinopril, Omeprazole, Amitriptyline, Baclofen, Esomeprazole, Atarax, ibuprofen, Lidoderm, Norco, Venlafaxine, Voltaren topical, and Zanaflex. Physical examination is documented as deferred. Treatment plan included continue home exercises and local modalities. The physician documented she is meeting her functional goals including caring for her household independently and generally having a combined 10 hours of sitting and standing tolerance daily as well as swimming periodically. A 10-panel urine drug test was performed. At issue, is the request for authorization for Hydroxyzine Hydrochloride. Toxicology reports dated April 10, 2015 and July 7, 2015, are present in the medical record. According to utilization review dated September 17, 2015, the request for Hydroxyzine Hydrochloride (Atarax) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine Hydrochloride: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicinenet.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRISTOPHER K. GALE and JANE MILLICHAMP, Dunedin School of Medicine, University of Otago, Dunedin, New Zealand Am Fam Physician. 2013 Jan 15; 87 (2): 122-124. Generalized Anxiety Disorder.

Decision rationale: Hydroxyzine is an anticholinergic used for allergic reactions, pruritis, or side effects from medications. In this case, the claimant was on Hydroxyzine for several months several times daily without mention of medication response or need for medication. As noted in the referenced article it has unknown effectiveness for anxiety and is not 1st line for this purpose. The continued use of Hydroxyzine is not medically necessary.