

<b>Case Number:</b>	CM15-0197524		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 55 year old female, who sustained an industrial injury on 12-9-11. The injured worker is being treated for lumbar facet syndrome, post-op right knee, knee tenosynovitis, cervicgia and probable post-traumatic aggravation of anxiety and depression. Treatment to date has included oral medications including Robaxin, Atarax (since at least 4-20-15), Tramadol and Amitriptyline; topical transdermal cream, acupuncture, activity modifications and home exercise program. On 8-18-15, the injured worker complains of occasional lower back pain rated 4 out of 10, right knee pain rated 2 out of 10, left knee pain rated 2 out of 10, probable post-traumatic anxiety constant for 2 weeks rated 6 out of 10 and helped with psyche meds and posterior neck pain rated 4 out of 10 and associated with stiffness and tightness. She is temporarily totally disabled. Physical exam performed on 8-18-15 revealed positive orthopedic tests, localized low back pain during orthopedic testing and positive Apley's compression of left knee. The treatment plan included continuation of medications and continuation of acupuncture. It is noted Atarax was prescribed for help with sleeping, documentation did not mention sleep difficulties. On 8-18-15 request for authorization was submitted for Atarax 25mg #60. On 9-16-15 request for Atarax 25mg #60 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Atarax 25mg, #60 (DOS: 08/18/2015): 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 (Chronic) - Insomnia treatment.

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

**Decision rationale:** Guidelines recommend use of insomnia treatment after careful evaluation of potential causes of sleep disturbance. In this case, there is no indication that the patient is having difficulty sleeping and there is no diagnosis of insomnia. The request for Atarax 25 mg #60 is not medically appropriate and necessary.